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Edited by HORATIO C. WOOD, M.D.

SEPTEMBER 16, 1876.

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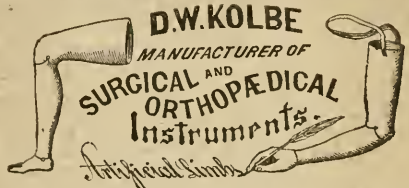

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PHILADELPHIA, SEPTEMBER 16, 1876.

THE INTERNATIONAL CONGRESS.

WE present our readers in other portions of the journal with reports of the doings of the Congress whose sessions closed on September 11. So many papers were read, so many discussions entered into, so many words wise or foolish spoken, that, if all were recorded, a year's issue of the *Times* would fail to accommodate them. We think, however, that our reporters have succeeded in giving the gist of the matter; and those who would like greater detail should hasten to subscribe for the forthcoming volumes of Transactions. The addresses were, on the whole, very satisfactory, and many of the papers of much value. These memoirs, with the discussions and the conclusions reached, concern some of the most vital practical questions in modern medicine; and, since they in a great measure express the conclusions of the larger proportion of the best medical minds of the country, one would think that almost every physician in the United States would desire to acquire the record. Once in a century is not oftener than once in a lifetime; and certainly most of our readers can afford seven dollars for this bibliographical souvenir of our country's prosperity.*

In looking over the list of delegates we find not a great many foreign names; yet a remarkably large proportion of those who came were men of distinction. As far as concerns this country, never, at least in recent times, has such a body of all that is best in the profession been gathered together. Of course we miss some names of note: sickness, accidents of various kinds, business and domestic engagements, and other more or less sufficient causes, always prevent such a list from being completely full.

We were especially struck with the personnel of the assemblage, and unless words were used by our foreign brethren in the way advised by Talleyrand,—*i.e.*, to conceal thought,—they shared the impression. In his presiding, Prof. Gross was especially happy; a more gentlemanly dignified presence in a chair it has never been our lot to witness.

It scarcely becomes a Philadelphia journal to speak of the general arrangements of the convention, but we may be allowed to re-echo the meed of praise which was everywhere given to the Committee of Arrangements, whose wise administrative faculty, ceaseless toil, and courteous manner were after all a chief cause of the freedom from jar which characterized all the movements of the body. What with free lunches, private dinner-parties, and public suppers and dinners, the digestion of the members of the Convention was put to a considerable strain; but we are happy to bear testimony to the remarkable co-union of gastric and mental vigor which seemed universal.

OUR report of the International Congress has proven too long for a single number; so that for most of the Sections our readers will have to wait until the next number. Mental diseases have become so strict a specialty that we have left the report of the Section upon that subject to special journals.

INTERNATIONAL MEDICAL CONGRESS.

REPORT OF THE MORNING SESSIONS.

AT twelve o'clock on Monday, September 4, the opening session of the International Medical Congress was called to order by Prof. S. D. Gross, President of the Centennial Medical Committee. Rt. Rev. Bishop Stevens prefaced the exercises by an invocation. Prof. Gross then delivered an eloquent address of welcome

* Subscriptions should be sent to Dr. Caspar Wister, 1303 Arch Street, Philadelphia.

to the delegates to the Congress. The following is a brief synopsis:

"My colleagues have confided to me, as the President of the Centennial Medical Committee, the agreeable and honorable duty of opening this International Medical Congress, so long the object of their solicitude and earnest labor. In their name, then, as well as my own, and that of the entire medical profession, whose great heart this day throbs in unison with ours, I extend to you our right hand and bid you thrice welcome to the City of Brotherly Love. The occasion which has brought us together is one of no ordinary kind. It has been anxiously anticipated. It might seem ungracious were I to tell you how much time and labor have been bestowed by the Commission through its Committee of Arrangements upon the organization of the Congress; how often they met to devise plans; how earnestly and thoughtfully they performed their work; in a word, how faithfully and conscientiously they discharged the great trust confided to them two years ago. If the organization be less complete than to some of you it may seem to be, no blame will, I am sure, be ascribed to the Commission on account of short-comings. There might have been wiser and more experienced minds at work, but warmer hearts or more conscientious men never were engaged in a noble enterprise."

Referring to the many nationalities which were represented in the Congress, Prof. Gross said, "In its wide range, the present Congress is without a parallel. Similar bodies have repeatedly met, but none on so grand a scale, nor with such a cosmopolitan outlook."

In regard to the apparent partiality shown by the Commission to our own country: "Perhaps such a tendency was, after all, only natural. However this may be, certain members felt an irresistible desire to show the world what the century, since the establishment of our independence as a free people, has accomplished for scientific medicine."

Alluding to the object of the Congress: "Much of what is considered by many as established must be reviewed in the light of modern science; new avenues must be opened, and the united efforts of the medical profession in all parts of the world must push on the work."

Referring then to the opportunity afforded by the Congress for interchange of kindly feelings, the formation of a better acquaintance among the delegates, Prof. Gross gracefully extended the hospitality of the Philadelphia faculty to the Congress, urged upon its members the necessity of more frequent reunions of medical men of various nationalities as a means of promoting friendly international feeling, and then declared the Congress open.

The first business movement of the Congress was the acceptance of a committee which had been appointed by an original committee chosen by the Centennial Medical Commission. The duty of this body was the nomination of officers of the Congress. The committee, having been confirmed, shortly after presented the following report on nominations:

President, Dr. S. D. Gross, Philadelphia.

Vice-Presidents, Dr. Paul F. Eve, Tennessee; Dr. Jolliffe Tufnell, Dublin; Dr. W. L. Atlee, Philadelphia; Dr. C. Large, Copenhagen; Dr. J. B. Johnson, St. Louis; Dr. T. Semeleder, Vienna; Dr. Hunter McGuire, Virginia; Dr. Johan Hjort, Christiania; Dr. T. G. Richardson, New Orleans; Dr. William H. Kingston, Montreal; Dr. J. P. White, New York; Dr. H. Miyake, Japan; Professor N. R. Smith. Baltimore; Professor Rudnen, St. Petersburg; Dr. J. M. Toner, Washington, D.C.; Professor Hueter, Greifswald; Dr. G. L. Collins, Rhode Island; Dr. R. F. Hudson, Australia; Dr. H. Gibbons, California; Dr. P. De Basieux, Belgium; Dr. N. S. Davis, Chicago; William Adams, Esq., London, England; Dr. L. A. Dugas, Georgia; Professor Simpson, Edinburgh; Dr. J. K. Bartlett, Wisconsin.

Honorary Vice-Presidents, Surgeon-General Barnes, U.S.A., Surgeon-General Beale, U.S.N.

Secretary-General, Dr. I. Minis Hays.

Assistant Secretaries, Dr. William B. Atkinson, Dr. R. J. Dunglison, Dr. R. A. Cleeman, Dr. W. W. Keen, Dr. Bertolet.

Section of Medicine, Chairman, Professor A. Stillé; Secretary, Dr. J. Ewing Mears.

Biology, Chairman, Professor J. C. Dalton; Secretary, Dr. J. Tyson.

Surgery, Chairman, Professor Joseph Lister; Secretary, Dr. J. H. Packard.

Dermatology and Syphilology, Chairman, Dr. J. C. White; Secretary, Dr. A. Van Harlingen.

Obstetrics, Chairman, Professor Barnes, of England; Secretary, Dr. William Goodell.

Ophthalmology, Chairman, Dr. R. Brudenell Carter; Secretary, Dr. J. Green.

Otology, Chairman, Dr. L. Turnbull; Secretary, Dr. C. H. Barnett.

Sanitary Science, Chairman, Dr. Stephen Smith; Secretary, Dr. E. M. Hunt.

Mental Diseases, Chairman, Dr. J. P. Gray; Secretary, Dr. W. Kempster.

Dr. Gross on taking his seat thanked the Congress for the honor conferred on him, and said that none would be dearer to him during the remainder of his life than that of presiding over their deliberations. He considered it was an honor not solely bestowed on him, but as a tribute to the profession of Philadelphia, who had been so instrumental in organizing this Congress. To preside over such a body is an honor of no ordinary kind.

During the deliberations of the Committee on Nominations, Prof. Austin Flint, of New York, read the address on "Medicine." After a few general remarks, he touched upon the beginning of the profession in America. One hundred years ago there were but two embryonic medical schools in the United States, one in Philadelphia, the other in New York. A few years later the colonies were separated from the mother-country by the Cæsarean section. At that time the leading medical men were in Philadelphia, New York, and Boston. How far medicine would now be advanced in the United States if professors in medical colleges had been endowed it was impossible to say. But we have done well. Mentioning some of the pioneers of American medicine, Dr. Flint referred to the interest of Benjamin Franklin in the "Medical College of Philadelphia," meetings in reference to which were held at Franklin's house until within two months of his death. In 1791 this school was merged into the medical department of the University of Pennsylvania. The latter was modelled after the Edinburgh school, that school having been formed after the pattern of the Leyden school. All the professors in the University at this time were graduates of the Edinburgh school. Philadelphia inaugurated medical teaching in America; she has long been the great medical centre, and still has no compeer in literature, teachers, and physicians. She has influenced every city in the Union. If this influence ever ceases, it will be through the emulation awakened by her example. Rush had possessed the leading influence during the latter portion of the eighteenth century. At the end of the first quarter of the nineteenth century there were twenty medical colleges in the United States, and two thousand students. Six of these colleges were metropolitan, fourteen were provincial. The latter so influenced physicians in their neighborhood as to arouse in them a desire to teach; and many of those who afterwards became teachers in the city schools gained their experience in the provincial. At this period there were twenty medical journals; even now we have not more than double this number. They have not kept pace with the growth of medical schools. These journals are usually the organs of some school, but they have in no small measure been useful in distributing medical intelligence.

In *literature* Rush led the way, and his influence was immense. He was too independent to follow Cullen, whose works were at this period largely read, but formed a system of his own. John Mason Good also devised a system of medicine; and of this trio, Rush, Cullen, and Good had each his disciples. But the good sign was that neither was followed exclusively.

In 1801, Valentine Seaman inaugurated vaccination in New York.

In 1817, Lyman Spaulding projected the United States Pharmacopœia.

In 1820 the work appeared, and has never disappeared.

In 1829 works on pathological anatomy were issued first by Horner, afterwards by Prof. Gross. They were the pioneers.

In auscultation, James Jackson, of Boston, interested the profession in the theories of Laennec.

In the diagnosis of heart disease, the country had the aid of the works of André, Hope, Stokes, etc., from abroad; and our own countrymen, Bowditch and Gerhard, increased the general information on this subject.

Bright's reports of clinical cases were eagerly read. He could not have anticipated the advance in the diagnosis of renal diseases which we in this present quarter of a century have made.

In the second quarter of the century appeared Hays's *American Journal of the*

Medical Sciences. This is the oldest publication of the kind in this or any other country, and has a large circulation. Broussais's works were translated by Hays and Griffith, and for some years, especially in the South and West, Broussaism held powerful sway. It was the last of the legitimate isms, and has given way to illegitimate pathies.

Jacob Bigelow, of Boston, struck the key-note in 1835, in his essay on self-limiting diseases. Polypharmacy and heroic measures fell into disrepute; physicians became more reserved in their therapeutics and more willing to be servants of nature.

In 1833 appeared the first edition of the United States Dispensatory, prepared by Wood and Bache.

In 1846 ether was introduced by Morton under Dr. John C. Warren, in the Massachusetts General Hospital.

At this time was accepted the non-identity of the eruptive fevers. Clymer, Dickson, and Drake, their works and influence, were then mentioned.

The large use of opium in peritonitis at this time revealed the ability of human beings to tolerate this drug; and this form of treatment of peritonitis has ever since been called "The American Method." Bowditch about this time invented the operation known as paracentesis.

A long list of authors who lived in the fourscore years following the independence of America evidences the rapid advance in medicine in the United States.

During the latter quarter of the century the progress in medical science in America includes the development of histology, pathology, introduction of the microscope, spectroscope, and micro-spectroscope; it includes also the great interest felt in German medicine, literature, fondness of Americans for foreign schools, etc.

Our literature has been fairly criticised and kindly received in foreign countries. The leading characteristic of the American Medical School is its practicality.

The responsibility of the condition of the profession rests upon the teachers in these schools. Our large schools indicate our progress. These have their faults. Let us try to correct defects, to improve, but avoid wholesale condemnation of what has been done.

Reference was made to the Code of Ethics, what it does, its uses. It has remained unaltered for twenty-five years! This reflects honor upon the profession. We may claim that the majority have been honorable. In no other country is the dividing line between the legitimate and illegitimate more sharply drawn than here, because in no other country does medicine occupy such high social grade. The history of American medicine contains much of which we may be proud: need we doubt that the spirit thus far shown will lead to a glorious destiny?

At the close of this noble and finely-delivered address, Prof. Gross referred to the modesty which had led Dr. Flint to omit in his address all mention of his own great works.

Tuesday.

The first business of Tuesday was the report from Sections of conclusions reached on subjects discussed on the previous day. Following this, Dr. N. S. Davis, of Chicago, moved that the Congress be not held responsible for Section reports, and Dr. T. G. Richardson, of New Orleans, moved that the report be merely accepted and referred for publication. Both motions were agreed to.

Prof. Austin Flint, of New York, offered a preamble and the resolutions which are here given in synopsis:

Resolved, First, That the members of the International Medical Congress regard with great interest the contribution of a *National Medical Library* in the city of Washington, and respectfully petition the Congress of the United States to provide for additions to the same until the library is made as complete as possible.

Second, That the International Medical Congress urge the early completion and publication of what is known as a *catalogue raisonné*.

Third, That the specimen fasciculus of the Catalogue affords evidence of great care and labor, and will, it is believed, prove satisfactory in its convenience for reference, etc.

Fourth, That American delegates to the Medical Congress, and all other medical men, are urged to exert their influence in securing enlargement of the library and early issue of the Catalogue. These resolutions were adopted.

Specimen fasciculi of the Catalogue were exhibited to the Congress.

The Committee on Nominations pre-

sented the following additional report, which was adopted:

Committee on Publication (with power to choose its chairman and an editor), Dr. J. Ashhurst, Jr., Dr. R. J. Dunglison, Dr. William Goodell, Dr. J. H. Hutchinson, Dr Caspar Wister.

Treasurer, Dr. Caspar Wister.

Vice-Presidents of the Sections: Medicine, Dr. R. P. Howard, Canada; Dr. J. J. Woodward, U. S. A. *Biology*, Dr. A. Flint, Jr., New York; Dr. F. W. Campbell, Canada. *Surgery*, Dr. J. A. Grant, Canada; Dr. J. Ashhurst, Jr., Philadelphia. *Dermatology and Syphilology*, Dr. S. Englested, Copenhagen; Dr. E. Shippen, U. S. Navy. *Obstetrics*, Dr. A. Simpson, Edinburgh; Dr. W. H. Byford, Illinois. *Ophthalmology*, Dr. William Thomson, Philadelphia; Dr. W. H. William, Texas. *Otology*, Dr. A. Buck, New York; Dr. C. J. Blake, Boston. *Sanitary Science*, Dr. J. S. Billings, U.S.A.; Dr. H. B. Baker, Michigan. *Mental Diseases*, Dr. J. Ray, Philadelphia; Dr. E. Grissom, New Orleans.

Dr. Henry J. Bowditch, of Boston, then read the address on "Hygiene and Preventive Medicine." He said that public hygiene has, until within a very short time, been wofully neglected, even when, under the stimulus of some great epidemic, frantic but temporary efforts have been made to stay plague by hygienic or other means. Of late, however, a new and better era seems to be developing, and State preventive medicine affords us higher hopes for all coming time.

In its medical social ideas, the past century easily divides itself into *three unequal epochs*, viz.: first, from 1776 to 1832, the era of dogmatism and theory; second, from 1832 to 1869, that of strict observation and of bold, often reckless, skepticism; third, from 1869 to 1876, the noblest and most beneficent of all,—the epoch of State preventive medicine.

The illustrious Boerhaave began to enunciate his theories of disease at Leyden, in 1701. His doctrines held sway in America until 1765. Following him came Hoffmann, Cullen, Brown, Darwin, each with his own system. The renowned American, Benjamin Rush, proclaimed his peculiar theories in 1790. Rush had more influence upon medical opinion during the first epoch than any other one person. His theory and dogmatism were destined to fall under the influence of the isms of Broussais. This second epoch began in America, when Gerhard, of Philadelphia, and Jackson, of Boston, returned from Europe. We need faith in an idea before we can actively build it up, and this we find in the third epoch.

The medical profession owe to the laity the first great effort made in behalf of State preventive medicine.

In 1869 a State Board of Health was established in Massachusetts. Europe has influenced us in this matter, and by far the greatest influence has come from England. The United States Government has done a vast sanitary work. Our late war, like that of the Crimea, brought forward many beneficent institutions. The National Quarantine Convention also had extensive influence. Every surgeon, Federal or Confederate, who served during the war, became more practically familiar in prevention of disease than he was before. A large majority, however, of the States and Territories of this Union do not appreciate the duty of caring for the health of their citizens. Of the forty-eight governments of the Union, but thirty-four evince any care for the hygienic condition of their citizens. This lack of interest also largely refers to prevention of adulteration of food; the formation of State Boards of Health; registration of births, deaths, and marriages, drainage, vaccination, etc. Carelessness, too, in regard to the existence of large tenement-houses, to the quality of drinking water, is also prevalent. Our present duty is organization.

It is to be regretted that our space will not admit the whole of Dr. Bowditch's valuable paper.

Prof. Theodore G. Wormley, of Starling Medical College, Columbus, Ohio, then read a most interesting address on "Medical Chemistry and Toxicology."

Chemistry has shown a rapid growth. Two years ago was celebrated in the home of Priestley the Centennial of Chemistry. Priestley discovered oxygen. After the discovery of nitrous oxide, Humphry Davy began to experiment in gases. There have been many laborers in this field. A sketch of Rush in connection with the University of Pennsylvania then followed.

He was the earliest professor of chemistry in the United States.

In 1783, Aaron Dexter was appointed first professor of chemistry in Harvard School.

In 1792, Dr. Mitchell took the initiative in chemistry in the University of New York.

In 1797 was published the *Medical Repository*, the first work of chemical nature in the States.

In 1795, John McClean was appointed Professor of Chemistry to Nassau Hall.

In 1805, Benjamin Silliman, who was made Professor of Chemistry in 1793, published the *American Journal of Science and Art*. Chemical work in the schools has not always been scientific. Now fine laboratories are bringing about an improvement. Dr. Robert Hare was appointed to the Chair of Chemistry in the University of Pennsylvania in 1818. In 1820 he invented the oxy-hydrogen blow-pipe, which gave him universal fame. In 1828 he published a Compendium of Chemistry. In 1818, John Borden, of Harvard, published a work on the Elementary Chemical Sciences. It was the first American work of its kind.

Dr. Robert Coxe, Professor in the University of Pennsylvania, in 1809, exerted a marked influence in originating the first American School of Pharmacy.

Prof. George B. Wood, Professor of Chemistry in the Philadelphia College of Pharmacy, and afterwards Professor of Materia Medica and Therapeutics in the University of Pennsylvania, with Prof. Bache, Professor of Chemistry in the Jefferson Medical College, published in 1826 the United States Dispensatory.

William Procter contributed more to pharmaceutical chemistry than any other American.

Dr. Wormley next referred to some of the more valuable therapeutical discoveries in the United States,—*e.g.*, bloodroot (sanguinaria being first isolated in 1828), lobelia inflata, hellebore, etc. He alluded in complimentary terms to Prof. H. C. Wood's experiments with veratria.

He next referred to Guthrie's discovery of chloroform in 1831, and its wonderful history and usefulness.

Davy's foreshadowing of anæsthetics in 1800 was realized by the practical use of nitrous oxide gas by Horace Wells in 1844, by William Morton's introduction of ether in 1846, and by the application of chloroform to practical medicine by Simpson, of Edinburgh, in 1847.

In regard to Toxicology, Dr. Wormley said that so late as 1824 Christison declared the tests for arsenic to be unreliable. Shortly after, the delicate tests now in use were discovered by Marsh and Scheele. Robert Hare discovered the first test for opium in 1824. The history of tests for and experiments with digitalin, atropia, strychnia, woorara, snake-venom, and alkaloids in general, was then given. The introduction and value in toxicology of the microscope, spectroscope, and micro-spectroscope, were next discussed.

In 1820 it was first discovered that poisons must be absorbed by the blood in order to become diffused.

In 1845, Stass announced the first recovery of alkaloids from the human body.

It has been recently found that certain substances in the blood become converted into other substances.

But the whole subject of the final action of poison is still obscure. We see the effects, but know not how or where the fatal blow is delivered.

The Congress then adjourned.

Wednesday.

Dr. John L. Atlee moved that the Secretary, or Publishing Committee, be requested to send to the Governor of each State and Territory, and to each province in Canada, a copy of the address of Dr. Bowditch. Adopted.

A communication from the National Temperance Society was by unanimous vote laid on the table.

Dr. Seguin, of New York, addressed the Congress on the subject of the metric system, after which the following was adopted :

"The International Medical Congress of 1876 recognizes the advantages which would accrue from the introduction of a gradual uniformity in the multiple and heterogeneous elements of physic, as posology, nomenclatures, etc., and in the means and records of medical observation.

"In consequence, the Congress appoints three delegates to the International Congress of 1877, to meet at Geneva, Switzerland, with the special mission of presenting a schedule of the means of uniformity in physic actually applicable in all countries, and another of those which could soon be made acceptable by the profession at large. Said delegates to be advised to invite the co-operation of the men who have already worked for the same cause at the International or National, Medical or

Pharmaceutical Congress of Paris, Vienna, St. Petersburg, Brussels, and Buffalo."

Reports from Sections were then presented, after which Paul F. Eve, M.D., Professor of Surgery in the University of Nashville, delivered the address on "Surgery."

"It was as late as 1820," said the speaker, "that the taunt was uttered, 'What does the world yet owe to an American physician or surgeon?' The father of American surgery, Philip Sidney Physick, was only eight years old at the time of the Revolution, but his power became such that his work on Surgery became the text-book for the University of Edinburgh. Fifty years after that day on which Dr. Physick was refused admittance to a London hospital as house-surgeon, a French surgeon said to an American student, 'You ought to be proud of America, for she wields the sceptre of the whole world's surgery.'"

Giving an eloquent sketch of Physick, his success, his influence, his discoveries, improvements, and inventions, Prof. Eve passed on to the mention of four other men who were intimately connected with the rise of surgery in America. These men were Warren, Mott, Dudley, and Gibson. There were three distinguished Warrens: Joseph, the martyr of the Revolution; John, who gave the first course of lectures on dissection in Boston; and J. Collins Warren, who succeeded his father as Professor of Surgery in 1815.

It was John Warren who was cotemporary with Mott, Gibson, and Dudley.

Valentine Mott rose rapidly as teacher and surgeon. He was the first to tie the common iliac, and the first to ligate the innominate artery. He tied the common carotid 46 times, cut for stone 165 times, and amputated more than 1000 limbs. Sir Astley Cooper said of him, "He has performed more of the great operations than any man who ever lived." Dudley was the originator of the Transylvania Medical College, in Lexington, Ky. He was an advocate of rest as treatment, and also of a greater dependence on nature. He claimed the first cure of aneurism by tying the carotid; was especially famous as a lithotomist. He cut for stone in 225 cases, and lost only six. Gibson was probably the best lecturer we have ever had in America, a fine operater, fertile in invention. He twice performed Cæsarean section, saving mother and child in both cases.

American surgeons have been especially famous in tying arteries. An American surgeon was the first to cure popliteal aneurism by compression. Dr. Daniel, an American, introduced the weight and pulley in treatment of fractures. Dr. Gordon Buck was the first to use adhesive plaster to secure extension of limbs.

Drs. Bigelow and Reed are renowned for their improvements in the reduction of luxations. Tenotomy is an American invention. The finest orthopædic surgery in the world is American. The largest success in amputation at the hip-joint has been attained in America, recoveries amounting to 74 per cent. And thus the sunny side of American surgery was lavishly shown by Dr. Eve.

Surgical literature of America has received warm commendation abroad, and notably the works of Prof. S. D. Gross. The army museum at Washington is the most valuable, and the army medical and surgical records are the most gigantic and detailed in the world.

The greatest event in the past century of American surgery was the introduction of anæsthetics. In short, quoting the language of Sir Astley Cooper, "In surgery America has led the way."

Following Prof. Eve, Dr. J. M. Toner, of Washington, D.C., read a synopsis of his extremely valuable address on "Medical Biography." Such an address even in extenso is, however, essentially cyclopædic in character, and could not be even faintly shadowed in a publication like the *Times*.

In the evening, an address on "The Medical Staff of the United States Army and its Scientific Work" was delivered in the lecture-hall of Jefferson College, by J. J. Woodward, M.D., U.S.A.

Thursday.

Dr. H. J. Bowditch, of Mass., offered the following resolutions, preceded by a preamble, which is here given in synopsis:

Whereas, The work already accomplished by officers in the Bureau of the Surgeon-General of the United States, in the establishment of a medical library, in the preparation of a catalogue, and in the formation of an anatomical museum, from which important scientific results have been obtained, and which has been not only a source of honor to the country, but of value to foreign nations, etc.; and

Whereas, This Congress learns with regret that, owing to lack of clerical force and funds, not only some of the work in progress has been suspended, but other work of equal value cannot be undertaken, although ample material for the same are lying unused in the Surgeon-General's office: therefore,

Resolved, That a committee of three be appointed to memorialize Congress at the earliest day possible, urging efficient support to these important works.

Resolved, That it is desirable that said memorial should be signed by the President, Vice-President, and permanent Secretary of this body. Adopted.

Prof. White, of New York, then said it was not enough to send copies of Dr. Bowditch's address to Governors of States, and consequently moved that copies be also sent to the President of each State and Territorial medical society in the United States and Canada, requesting each to bring the matter before the next meeting of his organization.

Dr. Atlee, of Lancaster, suggested that each individual should use his personal influence with the Governor of his State.

The resolution of Professor White was adopted.

Prof. H. Miyake, of Tokio, Japan, was then introduced to the Congress, and installed in the Presidential chair during the reading of Prof. Theophilus Parvin's paper on Obstetrics. Dr. Parvin is Professor of Obstetrics in the College of Physicians and Surgeons of Indiana. His address was eloquent and interesting. The following is a brief abstract:

The eighteenth century was marked by progress in obstetrics. Baudelocque, at the close of the century, wielded the leading influence, and in spite of his twenty-three presentations and ninety-four positions is still famous. Glimpses at the mechanism of labor were soon made clearer by Smellie and Hunter. Smellie's book was the best in print for forty years. Hunter prepared plates. Leverick wrote on the geometry of obstetrics.

Lloyd, of Boston, and Shippen, of Philadelphia, were pupils of Hunter: hence an outgrowth of British teaching. Tyler Smith erred in saying that American obstetrics was the child of France. William Potts Dewees was also educated in England. He holds the same relation to obstetrics as Rush to medicine. He was the first to attempt a full course of obstetric teaching in America. Seventy or eighty years ago obstetrics here was in the hands of midwives. Under the influence of Dewees this was changed. It was he who discovered the value of venesection in rigidity of the uterus. It is sad to recall that he with whom the history of American obstetrics began should have failed to secure the Chair of Obstetrics in the University of Pennsylvania, and that twenty-four years later, when the chair was offered to him, he was too feeble to accept it. Dr. James, wealthy, cultured, influential, held the highest place in American obstetrics for twenty-four years, yet what did he do to rear a monument? Dewees, without a tithe of his (James's) advantages, won a reputation which will be more enduring than brass or marble.

Charles D. Meigs wrote a fascinating book on obstetrics. He was at home in general literature, and was a brilliant lecturer. His most valued discovery was that of the cause of sudden death after delivery. He objected to the Cæsarean section except in behalf of the mother. His views as to puerperal fever were boldly expressed, and need not be hidden. Would that his views, and those of others of the Philadelphia school, might be covered out of memory! He believed puerperal fever was not contagious. The effects of this doctrine were sad.

Dr. Miller wrote a book containing many ingenious things. He was the first American author who recommended anæsthetics in labor.

Bedford's was the most learned of all American works on obstetrics. He sided with the view of contagiousness of puerperal fever, but objected to anæsthetics. In 1854 was published a most elaborate work by Hodge. It was a rich legacy to the profession. He was the first to illustrate the peculiarities of the female pelvis by a cast of the same, and the first to photograph the different positions of the fœtal head and of the forceps. He restored the vectis to use and made improvements in craniotomy. The works of Tucker, Cox, and Byford were then kindly mentioned. Dr. Parvin next alluded to the developments in uterine pathology and therapeutics.

Improvements have saved more lives than surgery, and this refers more than all to the great boon of obstetric practice,—

the *forceps*. Anæsthesia, applied to labor by Simpson in 1847, is one of the glories of obstetrics.

The opium treatment of peritonitis, suggested by Dr. Alonzo Clark in 1847, is a triumph of American genius. The work of Dr. John S. Parry on extra-uterine pregnancy was highly praised for its usefulness. Dr. Thomas, of New York, has assisted in saving life by advocating the induction of labor, especially in cases of placenta prævia. In 1807 ergot was introduced into obstetrics. In 1813, Prescott, of Massachusetts, pointed out its value in post-partum hemorrhage. Dr. Goodell was mentioned with honor for his paper on concealed post-partum hemorrhage; also for his essay on head-last presentations. William Gibson's success in Cæsarean section was enough to make him famous, even though he had no reputation as a brilliant surgeon.

Oliver W. Holmes's startling array of facts in connection with the contagiousness of puerperal fever, and his appeals to American teachers, made as early as 1843, have been almost forgotten in his later fame as poet, novelist, and essayist.

Then followed a comparison of the notable American books on obstetrics. Hugh Hodge received a warm meed of praise for his invaluable pessary. None ever did more than Hodge in relieving and teaching others how to relieve uterine displacements.

T. G. Thomas's book reached its fourth edition in 1874. It is the best of all American works on Gynæcology. It has been translated into the French, Spanish, German, and Italian languages. The works of Sims, Emmett, Peaslee, and Atlee deserve all praise.

Emmett's introduction of hot water in the treatment of uterine disease was enough to make him famous. Electrolysis, as practised by Sims and Neftel, etc., is not yet admitted to public confidence.

The majority of operations in this country for abdominal section have not been successful.

The great glories of American obstetric surgery are the operations for the removal of ovarian tumors and for the cure of vesico-vaginal fistulæ. The latter operation has led to vaginal lithotomy, the resulting fistula being no longer an objection. In Sims's speculum rests the basis of the operation.

The silver suture is the next point, and this we owe to Sims. In 1809 a village doctor of Kentucky removed an ovarian tumor. He initiated the operation, and his be the glory. Up to 1830 this man, Ephraim McDowell, removed thirteen tumors, with only eight deaths. The claims of England to the origin of ovariotomy are weak and futile. McDowell was undoubtedly influenced by the Hunters, but his success was equally glorious.

The address was closed by reference to American works on the diseases of children.

Professor Stanford E. Chailli, of the University of Louisiana, then read his admirable address on Medical Jurisprudence. He described the slow growth of medico-legal knowledge, showed the inefficiency of coroners as a result of rotation in office and utter ignorance. He condemned the practice of accepting the testimony of so-called doctors, who are in many cases totally unfit to make proper autopsies in coroners' cases. He bitterly lamented and condemned the crude manner in which, even in this age of enlightenment, medico-legal cases are managed. "Could ingenuity devise for medico-legal autopsies any methods more inefficient than those which Anglo-American laws, framed before the birth of medical jurisprudence, have barbarously perpetrated?" This was the spirit of his address. He thought there could be no time so fitting for the exposure of our faults as this Centennial of our history. He mentioned the works on medical jurisprudence which have won a high reputation; gave statistics of the teaching of this branch of medicine in America, and closed with the earnest hope that the coming century might see a great advance in this most vital need of our country.

Friday.

Dr. Paul F. Eve, of Nashville, presented a resolution prohibiting the publication, in abstract or entire, in any medical journal, of any papers read before the Congress until they have appeared in printed minutes.

After the reports of Sections, Dr. N. S. Davis, of Chicago, offered a resolution with preambles. The latter were to the effect that the Congress marks an era in the history of medicine in the United States; that the addresses will be of great historical value; that they in connection with Section papers will require for their

publication more money than the Treasurer will hold for that purpose; and therefore,

Resolved, That the Committee on Publication be authorized to ascertain the probable cost of publishing the full Transactions in style appropriate to the work, and if they lack sufficient funds, they shall address each American member of the Congress, asking for such additional sum, not exceeding ten dollars each, as will supply the deficit; and that the committee be authorized to withhold the Transactions from any member who may refuse to pay the additional sum required.

Resolved, That the Committee be authorized and requested to exercise careful and liberal discretion in preparing and revising the proceedings and reported discussions in the several Sections for publication in the Transactions of this Congress. Adopted.

A memorial from the Women's National Temperance Union was received, calling attention to the subject of intemperance. Referred to the Section on Medicine.

Dr. John P. Gray, of the New York State Lunatic Asylum, then read the address on "Mental Hygiene." He considered his subject from individual, national, and social points of view. Spoke of political economy and sociology with reference to their close relation to it. He expressed his belief that intellectual activity was as healthful as physical exercise, and argued that religion was one of the necessities towards a clear understanding of nature as influenced by God. In a national sense he believed no nation could be substantial unless it had religion for its foundation-stone. The lesson of mental hygiene for nations, and which we learn from all example, is not that education and wealth, or the refining influence of æsthetic art, will suffice for the highest development of national mind, but that if underneath all these are not the great truths of moral responsibility to the Author and Upholder of all governments, the nation dies as does an individual.

An address on "Medical Literature," by Prof. Lunsford P. Yandell, late of the University of Louisville, was next read. It was well written, interesting and valuable in an historical sense, but lack of space will not permit us to make reference to it in detail.

SATURDAY.

After the usual reading of the Section reports, Prof. White offered the following resolutions, which we give in brief:

Resolved, That the officers and trustees of the University of Pennsylvania are hereby tendered our cordial thanks for the very liberal use of their buildings for the meetings of the Congress.

Resolved, That the officers and trustees of Jefferson Medical College are hereby tendered our thanks for the use of their lecture-room for the interesting lecture of Dr. J. J. Woodward, U.S.A.

Resolved, That the President and officers of the International Medical Congress are hereby tendered the cordial thanks of the Congress for the excellent manner in which they have discharged their arduous duties.

Resolved, That the cordial thanks of the Congress are especially due to Drs. Thomson, Wilson, and Strawbridge; to Messrs. H. C. Lea and J. B. Lippincott, for their generous hospitality.

Dr. Grant, of Ottawa, Canada, then offered the following resolutions of the Canadian medical delegates:

Resolved, That we, the Canadian members of the Congress, desire to express our sense of the great consideration and urbanity with which we have been treated by the officers and members of the Centennial Medical Commission, and beg by this resolution to tender our warm thanks for the same.

Resolved, That we most cordially join with the other members of the Congress in thanking the members—citizens of Philadelphia—for their generous hospitality.

Dr. Sayre, of New York, offered the following:

Resolved, That this International Congress request our President, Professor Gross, to sit for his portrait, and that the Committee of Publication be instructed to have the same engraved and printed in the frontispiece to the volume of our Transactions.

The resolution, after a protest from Prof. Gross, was unanimously adopted.

Dr. Bowditch then presented a resolution to the effect that "We, as a brotherhood of physicians, tender to our associates from other lands our earnest wish for their safe and happy return to their homes, with the hope that they may carry back pleasant memories of this fraternal meeting."

Prof. Chas. J. Hare, of England, then

read congratulations from the delegates of Great Britain, as follows:

"The delegates from Great Britain to the International Medical Congress at Philadelphia beg to congratulate the President and the several committees on the complete success of the Congress, on the high value of the various addresses presented to it, and on the forward impulse which it has given to the progress of medicine in the widest sense of that word. They desire at the same time to express in the strongest and warmest terms their sense of and their thanks for the unmeasured kindness and courtesy and the unbounded hospitality with which they have been received on this Centennial occasion, and to add that they will carry back with them a most grateful recollection of that warm right hand of fellowship which has been so warmly extended to them by their brethren of the United States."

This paper was signed by Charles J. Hare, M. Cantab., F.R.C.P., late Professor of Clinical Medicine in University College, and Physician to University College Hospital; R. Brudenell Carter, F.R.C.S. Eng., Hunterian Professor of Surgery to the Royal College of Surgeons of England; William Adams, F.R.C.S., President of the Medical Society of London.

These various resolutions were seconded in cordial and eloquent remarks, and were unanimously adopted.

Prof. N. S. Davis, of Chicago, then read the closing address, on "Medical Education and Medical Institutions." Lack of space obliges us to refer our readers to the forthcoming Transactions of the Congress for this eloquent and spirited paper.

At its conclusion Prof. Gross spoke a few earnest words of congratulation on the noble success of the Congress and upon the harmony which had unceasingly prevailed during its meetings.

The Congress then adjourned *sine die*.

OBSTETRICAL SECTION.

First Day.

Dr. Barnes, of London, in the chair.

Dr. Byford, of the Chicago Medical College, read a paper on "The Causes and Treatment of Non-Puerperal Hemorrhages of the Womb."

The author began by saying that non-puerperal hemorrhage was generally regarded as a symptom, and that pathological causes do not often act singly. The uterus is naturally a hemorrhagic organ. The attention of the Section was called to the researches of Engelman and Williams, if one would understand thoroughly the pathological conditions to which the uterus is subject. The causes of non-puerperal hemorrhage he divided into—

1. Centric.
2. Excentric or reflex.

Under centric causes may be included all those which affect the uterus directly, *e.g.*, tumors of various kinds leading to a hyperæmic condition of uterus, subinvolution, carcinoma, chronic and acute endometritis, as well as those alterations in the shape and position of the organ which induce a venous or a venous and arterial hyperæmia. Tumors pressing on the vena cava descendens may likewise lead to engorgement of the uterus, also cardiac difficulties, though such are not apt to be serious. Certain constitutional vices—scurvy, leucocythæmia, chlorosis, plethora, etc.—may induce uterine hyperæmia of the uterus. A hemorrhagic diathesis exists in some cases.

Treatment

may be divided into—

1. Prophylactic.
2. Curative.
3. Palliative.

Under prophylactic treatment may be included abstinence from all mental excitement and from certain drinks and food. When hemorrhage begins, quiet in bed and rest in the recumbent posture with the hips elevated or in the genu-pectoral position should be insisted on. Cold applications may be used and cold and acid drinks taken. Little dependence is to be placed on astringents. For pain in the pelvis, opium or lobelia may be directed, or gelseminum sempervirens when there is much vascular and nervous excitement. In cases of local and arterial hyperæmia these will often answer, but may fail in venous engorgement.

More dangerous cases of hemorrhage must be met by more potent measures, which may be divided into—

1. Mechanical.
2. Chemical.

Sims's plan of introducing cotton saturated with a solution of the liq. fer. subsulph. and water, one part in two, was highly recommended. One application is often sufficient. The cotton should be introduced into the cavity of the uterus, and the cervical canal dilated if necessary for that purpose with carbolized sponge-tents, which should never be allowed to remain longer than twenty-four hours (as a rule half that period) without changing. Should this plan fail, resort to the vaginal tampon, patient being first placed in Sims's position and all clots carefully removed. An ordinary surgeon's roller may substitute cotton or linen if they are not at hand.

Internally he has found hydrarg. bichlorid.

with tinct. cinch. comp. of much value. Belladonna is well given in the form of suppositories. If there be a condition of chronic congestion of the uterus and no tenderness, ergot may be used, but care should be taken that a sensitive condition of the organ is not induced. He has not found iodine in such cases of much value.

Where a condition of venous congestion exists, produced by displacement, the first factor in the treatment should be the replacement of the womb and its retention by proper pessaries.

In cases of constitutional vice, the general health must be restored.

Discussion.

Dr. GOODELL spoke of the inertness of astringents used by the mouth. When used in conjunction with opium, he thinks the benefit only derived from that drug. Gallic acid is an exception if prescribed in doses of 20 to 30 grains, repeated every two or three hours until a half-ounce is given. Has seen some cases in which ergot seemed followed by increased hemorrhage. Occasionally is utterly unable to discover the cause of the hemorrhage, and then treats empirically. Uses chemically pure nitric acid to the cavity of the womb with good effect. He thought that the administration of hydrarg. bichlorid. acted as an alterative, and increased the number of red blood-corpuscles.

Prof. SIMPSON, of Edinburgh, called attention to the value of oxide of zinc given in one- or two-grain doses t. d., but preferred gallic acid. He had no faith in the value of the tampon *per se*, and thought the perchloride of iron superior to nitric acid as an application. He advised the use of the curette in some cases, after the practice of Sir J. Y. Simpson and Recamier.

Drs. BORDON, DEAN, and SHERMAN spoke highly of the value of quinia in cases of non-puerperal hemorrhage occurring in malarious districts, and thought it should never be omitted.

Dr. PARVIN, of Indiana, believed that most persistent cases depended on local causes. He thought that hot water applied over the spine in rubber bags was very efficient, and also laid much stress on the use of quinia. He uses Churchhill's tincture of iodine freely.

Dr. BARNES, of London, spoke of the interest with which he had listened to the remarks made concerning the use of quinia in malarious regions, and thought it might be very necessary. He always uses it in cases of hemorrhage from subinvolution, and does not think local treatment alone always sufficient. Lately has used the witch hazel very much when the cause of hemorrhage could not be ascertained. He condemned the use of the curette, and had seen two patients die from its use. The growth of small malignant excrescences was more rapid after using it.

SECOND DAY.

Dr. BARNES in the chair.

Dr. GOODELL read a very able and exhaustive paper on the subject of "The Mechanism of Natural and of Artificial Labor in Narrow Pelves." He divided deformed pelves into three classes:—1. Flat pelves. 2. Generally narrowed pelves. 3. Generally narrowed and flat pelves.

The mechanism of head-first labors was first considered, the various causes of difficulty, the means at our disposal for overcoming these difficulties; and the opinions of many different authors were cited, among whom might be mentioned Martin Spiegelberg and Schroeder.

The subject of version received a fair share of attention, and it was his opinion that it is not frequently enough resorted to, especially in France, where version is almost entirely neglected.

Dr. BARNES believed the paper the most valuable one on the subject which he had ever heard, and thought the entire subject had been most clearly and satisfactorily explained.

Dr. FORDYCE BARKER said it went far towards proving an opinion which he had held for a long time, that obstetrics is becoming more rapidly than any other branch of medicine an exact science. He was pleased to hear that the vectis had been so favorably alluded to by Dr. Goodell. He did not think it had received the attention at the hands of obstetricians which it invited.

Dr. BYFORD, of Chicago, said he had not given much attention to the consideration of the vectis in his writings, as he had never looked upon it with much favor, but he was beginning to regard it as of much importance.

Dr. LUSK did not think that the forceps applied at the superior strait necessarily produced flexion, as stated in the paper read, nor did he entertain as much fear from the use of the forceps in deformed pelves as one might entertain from its teachings.

Dr. BARNES was very partial to version in such cases, though he had formerly advocated the use of the forceps. He thought the vectis of service only in cases of minor contractions. He laid special stress on the necessity of propulsion externally, or a *vis a tergo*, the force being applied by means of an assistant's hands.

Dr. T. K. HOLMES, of Chatham, Ontario, Canada, read a paper "On the Management of Convulsions in Children depending upon a High Temperature of the Body." Attention was called to the importance of the subject on account of the great mortality from convulsions among children. Heat he thought acted as a direct excitant of the heart's action, while at the same time its action is correspondingly weakened.

He laid down the principle that whatever reduces the temperature lessens the number

and severity of the convulsions. The treatment he considered under—

1. Internal remedies.
2. External applications.

He deprecated most internal remedies, because, while allaying temperature, they tended to depress the patient. Quinia was the only exception. No danger whatever was to be apprehended from the use of external remedies, and it was on them that he mainly relied. Cold water he considered the most efficient agent at our disposal, applied in the form of a bath when the temperature was 100° Fahr. Tepid water should be first used, and its temperature gradually reduced by the addition of colder water or ice until it sinks as low as 60° Fahr. Clinical histories of several cases of convulsions attending a high temperature were read, and the beneficial effects of the cold-water bath stated.

Dr. MINER, of Buffalo, New York, read a paper "On the Enucleation of Ovarian Tumors." He had first proposed the operation seven years ago, when, having occasion to remove a very large tumor, it was with wonderful facility disengaged from its capsule without the use of instruments. He claimed for the method that it was available in many cases, that no hemorrhage resulted from the use of instruments, and that in case hemorrhage should occur from the detachment of smaller vessels it could be readily checked by torsion. He further claimed the advantage of having to deal with no subsequent purulent collection in the cavity of the abdomen, resulting so frequently in septicæmia, and that in cases where extensive adhesions had formed, the method was of special value, as the only means often at our disposal of finishing the operation already begun when such lesions had not been previously diagnosed.

Dr. BARNES said he was glad to hear the paper, and a description of the method of enucleation by the author, whose plan he (Dr. Barnes) was the first to introduce into England. He thought it a good one, but it could not substitute entirely other methods of dealing with the pedicle. He did not entertain so much fear as the author in leaving silk and silver sutures in the peritoneal cavity, having frequently seen them left there without any bad result. He had also seen the perchloride of iron used to sponge bleeding points left after the breaking up of strong adhesions, and without the serious sequelæ which some writers attribute to its passage through the Fallopian tubes after intra-uterine injections.

Dr. WHITE also believed other methods of dealing with the pedicle very necessary; that the cautery, the ligature, and clamp, all deserved attention, and must be used according to the indications afforded by individual cases.

Dr. PEASLEE felt under great obligations to Dr. Miner for introducing enucleation. He does not, however, believe it feasible in many cases, owing to the thinness and friability of the cyst-wall, which in many cases will break down before the adhesions can be broken up. Hemorrhage also will frequently occur, as the vessels uniting the cyst and its coverings are not always merely capillaries, as Dr. Miner intimated. He thought that when the adhesions to the peritoneum were very tenacious, the cyst-wall being strong, the method was of great value and very applicable.

Dr. KIMBALL had never tried enucleation but once, but believed he might have saved some patients had he resorted to the method sooner. He spoke of the high success attending the use of the cautery in the hands of Dr. Keith, of Edinburgh.

Dr. PARVIN spoke of the great value of water as hot as it could be borne by the hand, applied for the purpose of checking capillary hemorrhage following the breaking up of adhesions.

Dr. SIMPSON, of Edinburgh, believed the paper of extreme interest, and moved its reference to the Committee on Publication.

THIRD DAY.

Dr. BARNES in the chair.

Dr. WASHINGTON L. ATLEE, of Philadelphia, read a paper on "The Treatment of Fibroid Tumors of the Uterus." This consisted first in medical and second in surgical treatment. The principal drugs for which any curative or palliative means were urged were iron, iodium, ergot, and muriate of ammonia. He had used ergot since 1845, and believed it beneficial in two ways: first by its direct action in producing contraction of the muscular tissue, and secondly by reducing the capillary circulation of the tumor. He had, however, never seen a tumor *entirely* disappear under its influence. Spontaneous cures may result either from the occurrence of fatty degeneration or senile atrophy.

He divided fibroid tumors into two great classes:

I. Those accompanied by hemorrhage.

II. Those unaccompanied by hemorrhage.

Fibroid tumors occurring under Class I. he divided into—

a. Those found in cervical canal.
b. " " entirely in uterine cavity.
c. Interstitial submucous fibroids.
d. " fibroids proper.
e. Recurrent fibroids.

The treatment of those occurring under *a* varied according to their size. In many cases they may be twisted off from the pedicle, in others the pedicle may be divided by the knife, and still others may be more successfully managed by the écraseur. He long since abandoned the ligature in these cases, and much prefers immediate ablation.

The treatment of those occurring under *b* must vary according to the size and location of the tumor. The cervix should be dilated by tents or by rubber bags, or, in obstinate cases and where the operation must be quickly

executed, incisions may be made in the cervix. Ergot may then be administered, and, the patient being anæsthetized, the forceps applied, and the tumor, previously separated by means of the bistoury, if necessary, extracted. If adhesions have been formed, they must likewise be separated by the bistoury. Interstitial submucous fibroids (*c*) may be in many cases first attacked to better advantage by means of ergot than the hazardous use of the knife. In this way they may be gradually forced from their position into the cavity of the uterus, and thus reduced to the variety *b*. More decided measures, however, are necessary where great hemorrhage exists. In such cases, having opened the cervix as already stated, introduce a probe-pointed bistoury, the blade lying flat upon the index-finger until a point above the tumor is reached. Then, turning the edge of the knife towards the tumor, cut deeply into its substance. By this means severe hemorrhage may sometimes be checked when all other means have failed. Ergot should be administered, also antiseptic remedies by the mouth, lungs, and vagina. Sulphurous acid gas is unsurpassed as an antiseptic, and may be easily manufactured for inhalation by placing sulphur on a hot fire-shovel carried through the chamber of the patient. It is readily tolerated by patients, even in very weak states of the stomach.

In case of interstitial fibroids proper (*d*), Dr. Atlee was of the opinion that ergot was best used when periods of intermission from its use were allowed. He spoke very highly of the use of sorbefacients, especially muriate of ammonia, which he had been using for many years with the happiest effects. He said these tumors increased in size as the period of menstruation approached, and lessened when that period had passed. They often attain a great size, determining a large supply of blood to the uterus, and are thus the cause of great hemorrhage.

Those fibroids occurring under Class II., not giving rise to hemorrhage, were classified as follows:

a. Interstitial subperitoneal fibroids.
b. Sessile " "
c. Pedunculated fibroids.
d. Interstitial cervical fibroids.

Myomatous degeneration of the uterus was mentioned, and the extirpation of the uterus by abdominal section recommended in severe cases.

Fibro-cystic tumors, called sometimes soft tumors, he thought might be benefited by galvanism. Ergot had no value, he thought, in the reduction of these, but he would administer grs. x ammoniæ mur. t. d., and apply it also externally for its sorbefacient influence. In some cases he has seen their entire disappearance under this mode of treatment.

Dr. DUNLAP believed a large number of tumors should never be interfered with, as after attaining a certain size they will disappear and give no further trouble. He preferred the knife to the écraseur, and thought ergot of value in submucous fibroids. He described a new method of dealing with the pedicle in cases of abdominal section for the removal of the uterus, consisting in the partial shelling off of the covering of the tumor, followed by amputation low down so as to leave a cup-shaped depression, and the withdrawal of the stump through the cervix, leaving no cut surface within the peritoneal cavity.

Dr. KIMBALL fully concurred with Dr. Dunlap in non-interference with tumors in many cases, because of their tendency to disappear spontaneously. He mentioned a case in which he removed the uterus on account of a sessile subperitoneal fibroid, applying a silk ligature to the pedicle, which he brought out through the cervix and which remained fixed a year afterwards, only disappearing (internally, the patient said) after eighteen months. Instead of the ligature he now uses the écraseur, searing the pedicle also, and fastening the écraseur externally by adhesive strips. He had frequently used muriate of ammonia, as recommended by Dr. Atlee, but with no success.

Dr. PEASLEE said that wherever uterine fibroids are situated, he would never interfere unless they gave trouble. He thought ammon. mur. of much value, and that ergot was of value only when the tumor was surrounded by muscular tissue, when the contraction of the muscle would cut off the nutrition of the tumor. He alluded to the fact that women very rarely die from hemorrhage in these cases, and if at all it was from septicæmia. In ordinary cases of hemorrhage he gave ergot in combination with tinct. fer. chlor.; and in severe cases threatening immediate danger he introduced a tent into the cervix, followed by a vaginal tampon. He made allusion to the great necessity for disinfectant washes three times daily. In cases of great hemorrhage threatening life, he would not hesitate to extirpate the uterus.

Dr. BARNES lost three cases last year from septicæmia in which submucous tumors had been incised, and felt very loath to undertake the procedure again unless the entire tumor could be removed. When the tumor is large, he advocated gastrotomy.

FOURTH DAY.

Dr. ALEX. R. SIMPSON, of Edinburgh, in the chair.

Dr. LUSK, of New York City, read a paper on "The Nature, Causes, and Prevention of Puerperal Fever." The paper was very lengthy, and entered into an examination of the views of various authors upon the points presented, giving also a great many statistics which it would not be possible to present in such a résumé as is here desired, and the reader is referred to the published Transactions of the Congress, where it will appear in full. He

mentioned the difficulty of giving a clear definition of the term puerperal fever, and said that he included under it all febrile conditions affecting the lying-in woman. The chief causes in its production he said were to be found in—

1. The atmosphere.
2. Inoculation.

Other causes giving rise to it were

a. Inflammation resulting from some traumatic lesion.

b. Imprudence of patients or nurses.

c. Moral causes.

d. Old peritoneal adhesions.

e. Susceptibility of individuals.

Dr. GOODELL spoke of the unreliability of statistics concerning puerperal fever in this city. He at one time knew of fourteen deaths which occurred in two weeks from puerperal fever, while the report of the Board of Health included for the same time only twelve deaths *in the entire city* from that disease. He thought patients should be isolated as much as possible as a preventive measure. Nurses should wear such material for clothing as can be readily washed, in order not to carry about infectious matters. Syringes should be allowed patients only in exceptional cases, and to facilitate the discharge of the lochia patients should be encouraged to sit erect frequently. Floors should be washed with water impregnated with carbolic acid or some other disinfectant, which will prevent the growth of germs, always more rapid in damp situations. In his experience as an obstetrician, and in that of Dr. Addinell Hewson, Surgeon to the Pennsylvania Hospital, the temperature of patients was always much higher on the day following the cleansing of wards by means of plain water. If pain set in indicating a puerperal process, he at once gave morphia with quinia and alcohol. In 1021 lying-in patients whom he had cared for at the Preston Retreat there had been but three cases of puerperal fever, all fatal. He did not agree with Professor Barker, of New York, in giving veratrum viride.

Dr. GORDON, of Ohio, believed that the timely administration of quinia with ergot and alcohol would act as a certain preventive of puerperal fever.

Dr. BYFORD, of Chicago, believed with Dr. Lusk that puerperal fever was produced by many different causes and assumed many different forms. It appeared in some cases to be autogenetic, and in others had a zymotic origin. He related an epidemic of "black tongue" which had occurred under his observation many years ago, when during the height of the epidemic every lying-in patient in that locality died of puerperal fever. As the epidemic subsided, the virulence of the fever grew less, and when it had disappeared no more puerperal fever was to be found.

Drs. JOHN ATLEE, OSGOOD, and WHITE reported cases occurring in their practice, conclusively proving that erysipelas was productive of puerperal fever.

Dr. WHITE had great confidence in treating the disease with opium, and mentioned the extreme degree of tolerance for that drug in cases of the disease. He had given one grain of morphia every hour for forty-eight hours in one case, and in another had given forty-seven grains in forty-eight hours, both patients recovering.

Dr. SIMPSON, of Edinburgh, thought the paper erudite, elaborate, and full of wise and practical conclusions. He did not think we had to do with an entity in puerperal fever, but was of the opinion that it was often only a typhoid fever occurring in a puerperal patient. In our present knowledge of the subject it matters little, so far as treatment is concerned, whether the poison be chemical or animal. He recommended vinegar as an excellent disinfectant for washing the hands.

Dr. SEMELEDER, of New York, read a paper "On Electrolysis, with Special Remarks on the Treatment of Ovarian Cysts."

He says, "We cannot imagine an electric current passing through the living body and not causing chemical effects, which is perhaps the only way in which electricity acts on the living tissues. The coagulation of albumen through which a galvanic current is led is analogous to what takes place in the living being. The chemical effects of the faradaic current are insignificant." He has cured six cases of ovarian dropsy of various sizes and kinds in periods of time varying from one to five months. He calls the method *new* because, though in 1859 a German physician already published some cases, the method was not then noticed by the profession. He uses a mild current, and the sittings are short. No pain nor risk are involved, the patients are not etherized nor confined to bed. The fluid contents of cysts are absorbed, leaving but a small hard tumor. Conscience demands a trial of electrolysis before resorting to ovariotomy.

FIFTH DAY.

Dr. SIMPSON, of Edinburgh, in the chair.

Dr. SIMON FITCH, of New York, read a paper on "Paracentesis, Aspiration, and Transfusion." He spoke of paracentesis as once performed with the blunt, awkward instruments of the last generation, of paracentesis as performed by modern instruments, and contrasted these methods with paracentesis as it should be performed with the "dome-shaped trocar." A trocar should be easy of insertion, should be harmless after introduction, should be capable of being used as a probe, should be adaptable to an aspirator, should give free exit to all fluids, and should leave in the skin or tissue wherever introduced a clean incised wound. In all the trocars heretofore used the canula was made to enclose the stylet. It is difficult to introduce the canula in some cases, owing to the resistance of surrounding tissue, *e.g.* in the scrotum and the bladder. An injecting ma-

terial, when thus used, frequently finds access to the cellular tissue, often giving rise to very troublesome inflammation. The trocar which he presented consisted in a canula enclosed in a tube pointed at the extremity, the slope having an angle of 45° with the surface of the canula. The proximal extremity was curved, and so made that a rubber tube could be readily attached. When the stylet is introduced the canula is thrust forward, but its end is closed, "dome-shaped," and at one side is a large curved fenestra. The rounded extremity of the canula permits it to be used as a probe while inserted in a tumor, with no possible danger of wounding the tissues. This trocar could be made of all sizes, and was applicable in a great variety of cases. The author claimed it to be of special value in transfusion, one trocar being applied to each end of a rubber tube having a bulb in the middle, in which case immediate transfusion could be practised.

Dr. ATLEE, of Philadelphia, said he had used the instrument presented by Dr. Fitch for more than a year and a half, and in upwards of forty cases of ovariotomy. He looked upon it as a perfectly safe instrument, and considered it very valuable in multilocular cysts in passing from cyst to cyst. No fluid escaped about the insertion of the canula, soiling the clothing of the patient and interfering with the neatness and cleanliness of the operation.

Dr. TRENHOLMNE, of Montreal, presented a paper on "Uterine Hemorrhage." He did not desire to discuss the subject at length, but confined himself to a form of hemorrhage he had met with in pregnancy, which had never yet received attention from obstetricians. He had been called to see a woman several months pregnant, who had suffered from hemorrhage for more than three months. An examination of the uterine cavity showed that the amniotic membranes had formed no attachment to the uterus, except on the right, extending upward from a point near the cervix to a position above the entrance of the right Fallopian tube. The mucous membrane of the entire left half of the uterus, including the left Fallopian tube, was free from any attachment, and proved to be the source of hemorrhage. The fœtus was dead and removed. He thought such cases might assist us in solving the problem of super-fœtation.

Dr. WHITE, of Buffalo, read a paper on "Chronic Inversion of the Uterus." He has met with twelve cases since 1858, when he first successfully operated for the reduction of a case of twelve years' standing, and he had succeeded in reducing every case he has met with. From his experience in this operation, he believes that every case, of whatever standing, may be reduced. Failure to reduce heretofore has consisted in a lack of keeping up pressure upon the inverted organ for a sufficient length of time. The average duration of the operation in his hands has been over an hour, and the cases operated upon have been of all degrees of standing, from six months to twenty-two years. The patient should be placed on her back, with the thighs flexed and feet and knees supported by assistants. The rectum and bladder should be emptied beforehand, and the patient anæsthetized. He uses a repository, one end of which consists of a cup-shaped piece of india-rubber placed upon a hard rubber stem, about eight inches long, and curved to meet the requirements of the pelvis, while attached to the proximal extremity is a steel spring, conical in shape, the base of which is intended to be placed against the breast. By this means the hand is relieved, and during the operation should encircle the inverted uterus resting in the cup-shaped extremity, and thus direct the power applied. The gradual pressure will stretch the vagina, whose upper extremity will retract, the cervix thus permitting the passage of the fundus. When that has once passed to the level of the os, a large rectal bougie may be substituted, and the pressure continued until the organ is entirely replaced. Except in recent cases, Dr. White does not believe that pressure applied to the fundus will produce "dimpling" of it, and he considers the reduction of the organ *as a whole* necessary.

SECTION ON MEDICINE.

MONDAY, SEPTEMBER 4, 1876.

The Section was organized at 3 P.M., Prof. STILLÉ occupying the chair. Secretary, Dr. J. EWING MEARS, of Philadelphia.

The Secretary read the rules adopted by the Congress for the regulation of the business of the Sections; calling attention especially to the rules in reference to the time allowed to each paper, which was not to exceed thirty minutes, and to the time of each speaker in the discussions, which was not to exceed fifteen minutes.

Dr. J. J. WOODWARD, of Washington, reporter on the question of the meeting, "Typho-Malarial Fever; is it a Special Type of Fever?" read his elaborate and interesting paper. It greatly exceeded in length the time allowed by the rules, but, on motion, Dr. Woodward was unanimously requested to finish it. Its reading occupied two hours. The conclusion reached was the same as that which the author of the paper had expressed in his first published account of typho-malarial fever,—that it could not be regarded as a new disease. "Much rather," he said, "should it be considered as a new hybrid of old and well-known pathological conditions, in which the exact train of symptoms is as variable as the degree of preponderance attained by each of the several concurring elements." Dr. W. desired to especially impress upon his hearers the importance of the

recognition of the group of hybrids between typhoid fever and the malarial fevers. He also drew attention to these diseases as modified by scurvy, which, "as an accident of the war," became an important figure in the picture drawn.

The discussion which followed was participated in by Drs. BARTHOLOW, of Cincinnati, WOODWARD, SCOTT, of Ohio, PEPPER, of Philadelphia, EDGE, of Camden. The speakers dwelt upon the frequent occurrence of mixed or hybrid types of the two diseases going to make up the fever under consideration, its varying forms, and its prevalence in certain sections of country during long periods of time, concluding that it was undoubtedly a disease not only of armies, but of malarious regions in time of peace, and hence a subject demanding that investigation from physicians in civil practice that it had already received from those whose circumstances familiarized them with disease as seen in military life.

Dr. WOODWARD, in accordance with the rule that the conclusions of the reporter should be returned to the Congress as *accepted* or *modified* by the Section, moved that his reply to the questions as above stated should be formally reported. The motion was carried.

The Secretary then read an interesting paper for Prof. ESTLANDER, of Finland, relating to the alternation of the malarial and the typhoid types of the disease in certain regions of his native land.

This paper also was referred to the Congress for publication.

TUESDAY, SEPTEMBER 5, 2 P.M.

Dr. J. LEWIS SMITH, of New York, physician to the New York Infants' Hospital, reporter for the day, read his paper in reply to the question, "Are Diphtheritic and Pseudo-membranous Croup Identical or Distinct Affections?"

This paper also transcended the limits of the time allotted, but was listened to with great interest to the end, and gave rise to an animated discussion. Its whole purport was towards the establishment of the non-identity of the two affections; and certainly the question was presented from the author's standpoint in a most masterly manner.

Dr. PEPPER said: The division of diseases is a very important subject. Arguments should be strong and well sustained before attempting it. He called attention to the anatomical identity of the two diseases, and suggested that chemically and microscopically no distinction between them has been demonstrated either in the exudation itself or in the mucous membrane, except it might be a slight question of degree, scarcely in itself sufficient to establish the view of essential diversity of nature. He regarded it as hazardous in the extreme to assert that these diseases are radically distinct, and found himself constantly drifting more and more towards the view that there is a constant pathological analogy between the two, that they are forms of one great pathological condition. He admitted the difficulty of discussing at present the question of contagion.

Dr. GIBBON, of California, reminded the chairman that when they were students in the University of Pennsylvania under the old masters there was no such word as diphtheria in the English language. They spoke only of an attack of the croup. Since then we have had to learn to recognize a distinction between croup and diphtheria. And we became convinced indeed that this distinction is real, and that there are two diseases to be dealt with. It seems the wheel must turn, and, in medicine as elsewhere, every twenty or thirty years a revolution must take place, and we now see a disposition to regard these diseases, which we have learned to know as two, separate and distinct, again as one and the same.

Dr. WOODWARD asked Dr. Smith about the edition of Rokitansky's work alluded to in the paper, observing that whilst diphtheria did not appear in early editions, it was distinctly and frequently mentioned in the later editions as belonging to a part of a subject that had previously been described under another name.

Dr. HARE, of London, stated that, as is well known to the gentlemen present, this question is receiving a great deal of attention on the other side of the Atlantic as well as on this. It is now a special subject of investigation in a sub-committee of the Medico-Chirurgical Society of London. He desired to hand to the chairman a printed list of questions bearing on the matter which have been prepared by that committee for circulation, with a view to obtaining the facts as they occur to the profession at large. He adduced the contagiousness and the paralytic *sequelæ* of diphtheria as unanswerable arguments in favor of the non-identity of the two diseases. He believed that the discussion was that of a question already and fully settled, in spite of the action of the Medico-Chirurgical Society.

Dr. HOWARD, of Montreal, could not believe with the last speaker that the matter is one definitely settled in the minds of scientific men. Not only is the London profession in doubt, but also physicians of the French school have always taught and still teach that there is but the one disease. The paper of Dr. Smith was an excellent presentation of much that was true, and a great deal of long, honest work would have to be done before some of its statements could be controverted. The need of careful post-mortem examinations of undoubted and unquestioned cases of so-called pseudo-membranous croup was pointed out.

Remarks were made by Drs. SMITH, of Massachusetts, OLDRIGHT, of Toronto, CARR, of New York, BARTHOLOW, of Cincinnati, MADDIN, of Tennessee, AYRES, of Indiana, DAVIS, of Chicago, HAMILTON, of Nova Scotia.

The paper was then referred to the Congress for publication, the Section not deeming it possible in the present state of knowledge on the subject to decide the question definitely.

Prof. A. P. REID, of the Halifax Medical College, read a paper on the subject "Medical Teaching."

Dr. DAVIS moved that the Section tender its thanks to the author of the paper for its reading and for the clearness and force with which he has presented the subject. This motion was carried.

WEDNESDAY, SEPTEMBER 6, 2 P.M.

The reporter for the day was Dr. ROBERTS BARTHOLOW, Professor of the Theory and Practice of Medicine in the Medical College of Ohio. The title of his paper was in the form of the question, "Do the Conditions of Modern Life favor especially the Development of Nervous Diseases?"

After the reading of the paper, the following discussion took place:

Dr. GREEN regarded the subject as one of great importance, and thought that the author had done his duty thoroughly in working up his paper. The ancients were well acquainted with these diseases. Apoplexy was well known in Scriptural times, and many of the characters of Biblical history suffered from it. In these times it is said too often that the subjects of such diseases are the victims of mental strain and worry; but the ancients, who likewise suffered from them, had not the business strain of this day. Statistics of insurance companies show an apparent increase in recent periods of the death-rate from nervous diseases, but this increase, as shown by the figures, is due to the fact that more old persons insure their lives to-day than formerly. The percentage of insanity was exceedingly small, and, compared with whole communities, even that of apoplexy not large. From personal observation he was disposed to regard such diseases as very rarely the result of mental overstrain.

Dr. GIBBON. There is nothing in the records of antiquity nor in modern statistics to settle the question. The figures of insurance companies cannot be relied upon. Mortuary statistics refer to deaths, and do not indicate the prevalence of diseases of this kind. If Dr. Bartholow were to reside in California, he would change his mind as to the increase of nervous disorders in that quarter. The increase is conspicuous, and there are causes operating which must have that effect. A large portion of the population consists of men without family ties or settled homes. Passions of all kinds get control. Wild speculations prevail. The making and losing of fortunes in a day not infrequently occur; and men engaging in such a life too often end it by insanity or suicide. The number of cases of cerebral disease is notable.

He was not prepared to say what the condition of society in old and settled communities might be in reference to this question, but he believed that moral and physical causes of a disturbing character were more abundant than formerly everywhere. Certainly in newly-settled countries and on the outskirts of civilization everywhere such was the case, and the results of such causes would be similar wherever they prevailed.

Dr. NEFTEL had no doubt that the causes of nervous diseases have increased in modern days. He alluded to the influence of heredity in augmenting such disorders; the effect of the change of occupation in causing greater and much more general mental activity, the present extended use of alcoholic drinks, and to syphilis. The last is the fruitful cause of nerve-disease, and is not found to have existed among the ancients.

Dr. MADDIN agreed with the author of the paper that there were no new diseases, since all disease is but an error of the tissue or function of an organ, but that modifications of diseases arose out of the peculiar surroundings of modern life.

Dr. ARNOLD, of Baltimore, thought that the opinion that nervous diseases had increased in modern times originated not with the profession at large, but with the specialists. If they were increased, it must be attributed to the influences of modern life, and especially to the race for wealth, and the close competition resulting from it. Intellectual men are generally long-lived. He thought shocks more detrimental than close and long application. Anciently, wars and turmoil were more common. To-day the mind is trained and disciplined, and thus made to an extent proof against shocks. He believed that the nervous system accommodated itself to the strain put upon it. The agency of syphilis in causing insanity was to him an obscure one. Medical men allow themselves to be influenced by the tirades of temperance orators. It was difficult to establish alcohol as at present used as having a marked influence in the production of insanity. He believed that periodical drunkenness, instead of being a cause of mental disease, was in nine cases out of ten only the warning of its approach.

Dr. DAVIS regarded the question as of very wide scope, and as extremely difficult to determine, in the present state of our knowledge. The present state of society in California had been mentioned. Compare the Crusades, in which all Europe was aroused by a religious war, and armies went forth by the hundreds of thousands to the field of battle. Here was a condition adequate to produce, and which doubtless did produce, special tendencies towards the development of mental disease. He thought very few brains ever wear out by work. He thought increase of nervous diseases was to be attributed to other causes, and instanced wickedness. He thought that Saul got his paroxysms of mental derangement from wickedness, not from study, and

that most of the mental disease of to-day arises from the same cause. Alcohol, tea, coffee, and tobacco have much to do with the etiology of nervous diseases, much more than brain-work.

Dr. HOWARD, of Canada, spoke also of the abuse of the various stimulants as a cause of nerve-diseases. The part played by syphilis in producing diseases of this class was a well-established fact. The men of to-day also worked faster, in fact, at express rate. Everything was done in a hurry. If by this organs are disturbed, that disturbance is transmitted to nerve-centres, and its prolonged action gave rise to impaired health. The weight of evidence was in favor of the idea that there is a tendency towards increase of diseases of the nervous system.

Dr. BOWDITCH, of Boston, hoped that the Section would recommend the publication of the paper, with the express statement that they did not vouch for one side or the other of the question. He partly attributed to the climate, and to constant and intense political excitement, causes not yet noticed, the increase of nervous diseases in America.

Dr. GREENE said: Suicides prove nothing. Many people commit suicide from bad humor, from love, etc. The idea that a man could hurt himself over books was preposterous; he might fret himself. He hoped the Section would recommend the publication of the paper.

Dr. BARTHOLOW then reviewed some of the points brought out in the discussion. He thought that the statements of specialists should be taken with a great degree of allowance. They seemed to have based the opinion that nervous diseases were increasing upon the fact that they see more cases than formerly. They forget that that is the result of the increase of their individual business as their practice grows and their reputation extends. The assertion that had been made to the effect that syphilis is a modern disease is doubtful. His great answer to the argument was that men are larger, stronger, and better in every way than in former times. A modern Englishman could not wear the old armor. Men were also able to do more intellectual work. If the Geneva statistics are worth anything, they prove that the longevity of man has doubled within three centuries. As to the climate of America, it has been found that longevity is greater here than in England.

Dr. SCOTT, of Ohio, thought that railway travel produced disease of the nervous system. He deprecated the too early sending of little children to school, and certain modes of management of school-children, which he thought evil.

Dr. W. B. NEFTEL, of New York, then read a paper on the "Etiology of Epilepsy."

On motion of Dr. DAVIS, this paper was referred to the Congress with a recommendation to publish.

THURSDAY, SEPTEMBER 7, 2 P.M.

In the absence of Prof. STILLÉ, Prof. HOWARD occupied the chair.

A paper on "The Influence of High Altitudes on the Progress of Phthisis" was read by the reporter, Dr. CHARLES DENNISON, of Denver, Colorado.

Dr. DUFFY, of North Carolina, expressed his interest in the paper, and spoke of the rarity of consumption in the high portions of his State. The customs of the region had something to do with this. The people led an out-door life. He also had observed the climate of Southern California, where but little rain falls, the sky by day being cloudless, the air heavily laden with moisture after sunset, so that vegetation is sustained for long periods without rain. There phthisis is rare.

Dr. BALDWIN, of Florida, was happy to hear the remarks of the reporter upon a subject which he himself had studied for thirty-eight years in his own State, so far as climate is concerned. He doubted whether all the beneficial effects mentioned by Dr. Dennison were the result of altitude. He had witnessed the same effects in Florida, which was submerged below the level of the sea, as regards atmospheric pressure. Consumptives get well in Florida too. It seemed that the change of climate was beneficial. He spoke at some length of the Florida climate and the management of phthisis.

Dr. GIBBONS asked the reporter if out-door life and the camping-out treatment was associated with the management of his cases in Colorado.

Dr. DENNISON replied that it was to some extent. Parties were formed for that purpose. They travelled by day, and slept in the open air in tents or wagons. In most cases out-door life was recommended.

Dr. GIBBONS spoke highly in praise of the paper. He remarked that there was, however, a danger in the way medical men looked at the matter of the climate-treatment of consumption. They were apt to pitch upon a particular climate as their favorite, and to allow themselves to be warped in favor of it. Too often they were ignorant of the climate of other places.

He went on to speak of the climate of California. He said it was almost an absolutely dry climate. In the interior of the State there is neither cloud nor fog for six months. . . . If there is an equable climate on the face of the earth, it is that of San Francisco. He had scarcely found cases of pulmonary consumption developed there. There is no such thing as a *climate* of California; there are *climates*. He advised motion, travel, and out-door life for incipient phthisis, the long sojourn in a climate that was found to suit any given case, abundant food, milk, cream, etc.

Dr. STEWART, of Minnesota, spoke of the dry, cold atmosphere of his State. He instanced cases which have been restored to

health by a residence there; but thought it no place for persons unable to take out-door exercise.

On motion of Dr. GIBBONS, the paper was recommended for publication, its further discussion being postponed for a short time.

The paper of Dr. HENRY MACCORMAC, of Belfast, Ireland, on "The Open-Air Treatment of Consumption," was then read by the Secretary, its author not being present.

Drs. EDGE, of Camden, MADDIN, of Tennessee, and DAVIS, of Chicago, took part in the discussion of the paper.

The consideration of Dr. Dennison's paper was then resumed, it having been interrupted to prevent the possible crowding out of Dr. MacCormac's for want of time.

Dr. JOHNSON, of Illinois, said he had known consumptives go to Denver, Colorado, Florida, to the mountains of North Carolina, Georgia, Tennessee, to the south of France, and each came back enthusiastic about the beneficial effect of his change of climate. Altitude could not be regarded as of itself curative. He believed that in the earlier stages of the disease patients were benefited by going to the mountains, but that when softening had set in, and cavities existed, it would be hazardous for them to do so. A warm, mild climate was then to be sought.

Dr. HARE, of London, wished to thank Dr. Dennison for his valuable paper. He had often advised long sea-voyages, and had seen his patients benefited thereby. Vast improvement had followed a voyage from England to Australia and back in cases under his observation. He alluded to the geographical distribution of phthisis, and called attention to the fact that it existed in some of the high valleys of Switzerland, while it was unknown on the mountains of the same altitude where there is plenty of fresh air and longer hours of sunshine. High altitudes are good when the patients can take exercise; when they are feeble, he usually recommends a southern, genial climate. He protested against the use of alcohol, and said that in his country the alcoholic treatment of consumption had occasioned increased drunkenness among both men and women in all classes of society. The advice, "take a little wine or a little whisky," had been the cause of no end of disease, no end of misery.

FRIDAY, SEPTEMBER 8, 2 P.M.

Prof. STILLÉ in the chair.

A paper on "The Treatment of Simple Ulcer of the Stomach," by Dr. H. LEBERT, formerly Professor of Clinical Medicine at Zurich and at Breslau, was read by its translator, Dr. CHARLES W. DULLES, of Philadelphia.

Dr. SCOTT, of Ohio, said that he had long been in the habit of following in the main the line of treatment marked out by Professor Lebert in this paper. His plan consisted chiefly of giving the stomach rest by means of nutritious enemata, with opium or morphia; later, a bland and most carefully regulated diet. In feeding by the rectum, too much must not be required of the bowel at the start; the injections should be small at first. One case under his observation had subsisted thirty-one days without the introduction of food into the stomach. When enemata were found to be insufficient, he recommended the subcutaneous injection of concentrated nutriment, such, for example, as Valentine's meat-juice, of which one or two fluidrachms might be introduced and left to be absorbed. He had not seen ulceration follow this procedure.

Dr. HARE, of London, had not found the disease so common as to justify the use of such expressions as "frequently used," "often successful," and so on, which abounded in the paper. He believed the disease to be comparatively rare. The question of diagnosis is a most important one in estimating the value of treatment. Important diagnostic points had not been referred to.

Prof. STILLÉ alluded to an English author, Brinton, who stated that ulcer of the stomach was very common in London. His own experience led him to think it so in this country. During one summer that he had spent at Lake George, no less than four cases of simple ulcer of the stomach had come under his observation. Condensed milk, as used in this country for infants, seemed to him an important article of diet in the management of this disease, and he expressed surprise that it had not been mentioned in the translation. Food warm, or at the ordinary temperature, was often not well borne, whatever its character; it often could not be retained, oftener was not digested. In such cases ice-cold food frequently agreed very well; indeed, sometimes could alone be taken. This fact was the more remarkable since it must of course speedily rise to the temperature of the stomach.

Remarks were also made by Drs. YEOMAN, of Canada, O'HARA, of Philadelphia, both of whom regarded nitrate of silver as a valuable remedy in the treatment of the disease, and Drs. DULLES, SMITH, and MASON.

Dr. R. P. HOWARD, of Montreal, read a paper upon "Progressive Pernicious Anæmia."

Dr. EZRA M. HUNT, of Metuchen, N. J., read one upon "Alcohol in its Therapeutic Relations as a Food and a Medicine," and Dr. RUDNEW read for Prof. BÉRÉSDOW, of St. Petersburg, one upon "Sclerosis of the Vessels of the Lung."

These papers were recommended for publication.

The following is the report from the Section on Medicine on the paper of Dr. E. M. Hunt, on "Alcohol in its Therapeutic Relations as a Food and a Medicine."

First. Alcohol is not shown to have a definite food value by any of the usual methods of chemical analysis or physiological investigation.

Second. Its use as a medicine is chiefly that of a cardiac stimulant, and often admits of substitution.

Third. As a medicine it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administration, or for the enormous evils resulting therefrom.

Fourth. The purity of alcoholic liquors is in general not as well assured as that of articles used for medicine should be. The various mixtures, when used as medicine, should have definite and known composition, and should not be interchanged promiscuously.

BRITISH MEDICAL ASSOCIATION.

[From our Special Correspondent.]

THE chief matter of medical interest which has occurred since my last letter has been the annual meeting of the British Medical Association. So important in every respect has this Association now become that its annual gatherings are looked forward to and back to with much interest by a very large number of the profession. Originally the Association was formed of a limited number of medical men in the provinces, who determined to meet every year to read papers, to discuss subjects, and, still more, to bring men scattered over all parts of the kingdom into personal contact with each other. From its primitive gathering together of a score or two of well-known provincial men, it has now developed into an annual meeting of several hundred medicos, a number of whom are accompanied by their sisters, wives, or daughters. On the Tuesday morning the earliest arrivals attend a morning service in the most prominent church of the place, where the meeting is held, but usually there is no great muster till the council meeting of the afternoon. By the general meeting at 8 P.M., there is usually a good gathering to hear the valedictory address of the retiring President and the introductory address of the incoming President. This year this meeting possessed great interest. The old Scotch veteran, Sir Robert Christison, went out of office, and Dr. Bartolomè, in his address, gave an explanation of the reasons which prevented the outgoing President being present in person. After that came the wonted account of the town and neighborhood, which now forms a part of every such address. It seems as if the President's speech was a blended compound of hearty welcome and a general introduction to the place, its geology, its geography, its industries and its diseases. Of course, Dr. Bartolomè had a very good subject in Sheffield. For this smoky, noisy town lies in a neighborhood of romantic beauty; and if the Sheffield grinder has any remnants of romance or sentiment left in him they will find good material for their exercise in the many objects of interest in the neighborhood. Sheffield lies at the foot of the hills which form what is called "the backbone of England." These hills terminate on the south in the Trent valley, and stretch northwards, forming the mountain range which divides Lancashire and Yorkshire; those separating the western division constitute the Cumbrian or Lake mountains, while the eastern section furnish the mountainous range which runs along the western edge of Durham far away into East Cumberland, close to the Scottish border. From the southern slopes of these hills rise the tributaries of the Trent; while along the eastern slopes we find first the streams which turn the grinders' stones of Sheffield, and to the northwards, the motive power of the ancient woollen-mills. The western slopes have developed the cotton industry; and the abrupt sides of these hills, with their rushing streams, have produced a very large proportion of the industrial wealth of England; and the term "backbone of England" may be applied in more senses than one. The aspect of this region at night is terrific with the glare of countless furnaces, and its grimy daylight appearance is widely different from the sylvan scenery which is unfolded in the opening pages of Scott's delightful novel "Ivanhoe." The primitive "whittle" then carried is a widely different object from the ornate bowers to be seen in Messrs. Rodgers's show-rooms. And Dr. Bartolomè addressing the British Medical Association formed quite as strong a contrast with the leech of the days of yore, hunting miracle-working herbs on the slopes of Sheffield Moor in the moonlight. Having discharged the duties of President to the satisfaction of all, Dr. Bartolomè took the chair until the business of the meeting was got through. The President of Council read the annual report. He first gave an account of the growth of the Association during the last year. Over seven hundred new members have been elected, and the number of associates now exceeds seven thousand. The funds of the Association are in a flourishing condition, and a fair sum is set aside every year for the purpose of giving grants to scientific workers engaged in original research. It is only of late years that any surplus for such purpose has been available.

At this meeting the grievances of the different members are ventilated, and brought before the Association generally. There was a general expectation of a fight, some aggrieved members having given notice of a proposed attack on the management of the Journal. But an urgent case of hemorrhage detained the leader at home, and all passed off quietly.

Next morning the address in Medicine was given by Dr. Sieveking to a crowded audience, and after lunch the work of the Sections commenced in good earnest. The casting of a 100-ton gun proved too much for the less enthusiastic members, but the attendance was

good nevertheless. The most interesting matter in the Medicine Section was the report of Prof. Rutherford of his experimental researches on the excretion of bile and the effects of certain drugs. The very interesting subject of chronic diseases of the kidneys was taken up by two papers, looking at different parts of the morbid changes, Dr. Clifford Allbutt discussing the causes of granulating kidney, while Dr. Gowers engaged himself with the arterial changes. The chief interest of the first day centred round what was going on in the Public Medicine Section, where the present position of sanitary matters was being earnestly discussed. The different officers of health gave each other countenance in denouncing the local authorities, who, from economy, regard for vested interests, supineness, and even simple obstructiveness, prevent these health officers from reducing the profession generally to a state of pauperism. If they only had their way, typhoid fever, miasma, choleraic diarrhœa, scarlatina, and sundry other scourges would be swept from the face of the earth; and the general practitioner's boys and girls would be sent perforce to the parochial schools instead of middle-class educational establishments. Thanks, however, to the much-abused local authorities, such abject penury has not yet overtaken the profession, nor is it likely to do so in the present generation. Of course, it is a notorious fact that much has yet to be done by legislative measures before the prevention of disease can be carried out in a thoroughly efficient manner.

On Thursday the question of alcohol was discussed in this Section, both its use in disease, and the treatment of inebriates at Balham under the superintendence of Mr. C. Holtehouse. So far the success is such as to warrant further continuation of the scheme. In the Medicine Section the day was given up entirely to the subject of the production of disease by certain industries, especially disease of the respiratory organs. Dr. J. C. Hall gave an account of the Sheffield manufactories and their effects, together with the different measures which had been adopted for the protection of the workmen. Of course, the most fatal of all forms of labor is the "dry-grinding," where the workman was enveloped in a cloud of stony particles during the hours of labor, previous to the introduction of fans. These fans are worked by steam, and consist of a wheel, not unlike the wheel of a paddle-steamer, encased in a box, from which a large shaft passes straight in front of the grindstone in one direction, while the outgoing shaft passes away to the open air. The open mouth of the shaft is placed close to the wheel, just at that point where the grinder places his article to be ground, so that all the stone-dust is swept away from the current of inspiration of the grinder, who grinds "from himself." By this means the particles of stone are drawn away, and at the same time the work-rooms are ventilated, so that the introduction of fans has been a great boon to the "dry-grinding" trades. It appeared that in the accumulations in the lungs of the grinders no particles of steel have ever been found. After watching dry-grinding, this is no matter of surprise. Even without fans, the higher specific gravity of the iron particles, driven off centrifugally by the motion of the grindstone, carried them away beyond the inspiration-area of the grinder. Great improvement in the lungs of the grinders has followed from this introduction of fans. Next came Dr. Purdon, of Belfast, who gave an account of the lung-diseases which are found in the flax-dressing trades of the north of Ireland. His paper was illustrated by a microscopic drawing in which the flax fibres were shown to be attached to the alveolar walls. Dr. Arlidge described the "potter's asthma" of the Staffordshire industries, where there are accumulations of earthy dust in the lungs. Dr. Beveridge then gave details of the phthisis found among the granite-hewers of Aberdeen. Two important papers were not read: one by Dr. Peacock on French Millstone-Maker's Phthisis, and another by Dr. Elam on the Tolerance of Foreign Matters by the Lungs. As it was, however, there was a sufficient amount of material for a long and interesting discussion. The discussion, however, went too much in the direction of clinical observation, and too little into the pathological aspect of the diseases caused by dust-inhalation. How these foreign particles accumulate in the alveoli of the lungs, and then break down the intra-alveolar boundaries, forming large aggregations, was comparatively little touched upon. Several of the staff of the London Chest-Hospitals were there, who spoke of mason's phthisis, of baker's phthisis, of lung-disturbance in feather-workers and others. There are, it would appear, no means of cure or prevention of a medical character, unless it be the periodic administration of emetics, as told by the late Hugh Miller in "My Schools and Schoolmasters." The best means are, of course, preventive; and an ingeniously designed "Respirator Mask," formed of feathers, was sent up by B. W. Richardson, so well known for his beneficent inventions. By the use of fans, of other means of keeping up good and thorough ventilation in the work-rooms, and these feather respirators, much can be done, if only the work-folks are sufficiently thoughtful. There is much room for fear that the Sheffield grinder does not look with favor on these means for diminishing the death-rate of his fellow-workers. Greater longevity would lead to reduced wages, and he follows the idea of the old toast in the services, "Here's to a bloody war or a sickly season."

In the evening the dinner of the Association came off, with the usual speeches and the display of local magnates and M.P.'s. Mr. Roe-

buck, the well-known member for Sheffield, was present, and spoke among others.

The Friday commenced with the address of Dr. Alfred Carpenter, of Croydon, on "Public Medicine," who spoke out with his usual vigor and energy. Then followed various meetings, as the "Scientific Grants," the "Legislating for Habitual Drunkards," etc., and the final meetings of Sections, and the disposal of the papers hitherto unread; the whole finishing with a general meeting for votes of thanks to local secretaries, and the discharge of similar courtesies to others. These being all amicably settled off, there was a rapid dispersion of the members in the direction of the excursions. One hundred members went to see the Wharncliffe collieries, where the Earl and Countess of Wharncliffe met the members and offered them a most sumptuous banquet,—for the nobility treat the profession very handsomely on these occasions, and this year they seemed to wish to make amends about the bill which has been aptly described as "the Conservative Sportsman's Bill, to prohibit the liberal physiologist from the infliction of painful experiments upon animals." Lord Wharncliffe demonstrated that, for his own part, he honored the profession, by his profuse hospitality.

Another party went off by carriages to see Wentworth House, the seat of Earl Fitzwilliam. Here, Admiral Douglass did the duty of host, and welcomed the Association to a handsome luncheon in one of the lofty rooms of this mansion. Then groups strolled off through the grounds to see the famous stables and dispose of themselves till the omnibusses gathered up for the return drive. This led through the Rotherham district, and past some mighty iron-works, with crowds of grimy, ugly, uncouth, rude iron-workers,—for such toil does not improve either the physique or morale of the toilers.

On Saturday no pretence at work was made, and all were punctual to the rendezvous for the carriages to convey the members to Chatsworth. There were also excursions to Matlock and to Buxton, both very attractive parts of Derbyshire, famous for its scenery and its sylvan beauties. But, as bisection is impossible, your contributor chose the drive to Chatsworth, and that only can he describe. Before ten a long string of carriages, of various kinds, were to be seen defiling out of the narrow streets into a wide suburban road leading in a southwesterly direction for Sheffield Moor. It was a bright, airy day, and white waistcoats and puggaries presented a contrast to the wonted prim professional attire. The road stretched along up the slope of a high moor, occasionally so steep as to cause the bulk of passengers to alight. At last the half-way hotel was reached, and the rustics stared at so much medical talent in their out-of-the-way corner. After this the road commanded a fine view, and the curious twisted spire of Chesterfield could be seen in the distance. The clean limestone road, with a stone wall on each side,—for fences do not grow well on these moors,—began to slope, and down the steep edge of the western face of the moors we passed by crags, broken boulders, heather, brackens, and stunted birches, until we reached the park gates of Chatsworth, and drove along the private road to this world-renowned seat of the Dukes of Devonshire. Chatsworth sorely tempts one to try a bit of description, but the temptation must be resisted. The duke's steward received us and put the place into holiday dress. The house is a perfect répertoire of works of art, and its inspection gave great pleasure to the privileged members. A most generous luncheon was very acceptable after the long drive, and the popping of the champagne-corks was very lively. After this all strolled into the grounds, and not a few went under the falling spray of the great fountain and got well wetted in the drenching shower, which was very pleasant after the great heat of the drive. Then the cortége went further afield to the ruined seat of the Dukes of Rutland, Haddon Hall. Here there were ancient yew-tree arbors, pleasant old terraces, and silent rooms with old oak-panelling, affording opportunities for the interchange of courtesies betwixt bachelor members and the fair friends of other associates. Certainly the scene was romantic enough, and the very place for flirtations to develop into something more serious and permanent. The social uses of this Association are well demonstrated on the Saturday afternoons. At five, farewells were interchanged, and all those who were bound for London that night gathered to a drag waiting to carry them to a neighboring station, whence the Midland provided them a Pullman car direct for town. The bulk, however, returned to Sheffield, going round by Bakewell and along a stream which made a fly-fisher's fingers itch to get hold of a rod. Just as we had again mounted the summit of the moors the moon shone out brightly, as if even the elements wished to favor the excursion to the utmost; and in its pleasant light we rolled steadily down the slope to our resting-places in the town, getting home at ten, having had a glorious twelve hours.

On Sunday morning the infirmary suggested itself, lack of time having prevented its inspection before. It consists of the old infirmary, and a smaller new block for infectious or contagious cases. It is kept thoroughly clean, the wards were not too crowded, and were free from any objectionable odor. There had been no attempt made to collect a lot of show cases, and the hospital was in its wonted every-day working order. Burns, of course, were very common; there was no special treatment, unless that opium was given less timorously than is usually the case. A good dose of opium is found to give great comfort, and not to add to the shock of the burn. There was also a very strange case of mollities ossium in a boy.

He was all very well down to the legs. He had had a thigh fractured by a slight fall, but his lower limbs were the most remarkable part of him. His right tibia and fibula were bent like the expansion of a battledore, the gastrocnemii forming a sort of broad string; while the left leg had been broken, and the shin formed a very sharp right angle. The new building had thoroughly well-ventilated wards of recent construction. Altogether, though presenting no remarkable features, the Sheffield Infirmary is a creditable institution.

There still remained the South Yorkshire Asylum to be visited. This is a large, new building, a few miles out of the town. It is an offshoot from the parent institution, the West Riding Asylum, at Wakefield, now so well known by the annual reports of the late superintendent, Dr. Crichton Browne. Dr. Mitchell, the superintendent of the Sheffield Asylum, had kindly invited members of the Association to visit the institution. During a tour of inspection, he informed me that the chief form of insanity seen there was general paralysis, of which alone there were twenty-five deaths in a year; the total number of inmates being about eight hundred. A quarter of all the male admissions were general paralytics. He said this form of disease was common in all coal-mining districts, and attributed such prevalence to reckless living, hard work, and every form of indulgence, together with toil in a foul atmosphere. A fair number of these general paralytics go out greatly relieved, or even apparently cured, by general measures, as rest and quiet, without any special medicinal treatment. The disease, however, invariably returns. From the iron-workers come many cases of acute mania, differing widely in their violence from the cases furnished by the agricultural districts. This savage violence Dr. Mitchell attributed partly to the character of their labor, and partly to their training, or rather the want of it. The women are largely sufferers from melancholia, though an unusually large proportion were general paralytics, from their habits approaching those of the men. A number of idiotic children of the worst class were to be seen, the better ones having been sent away to the North Country Earlswood, the Albert Institute, at Lancaster. One patient excited much compassion. She was a very handsome lady, of fine physique, sitting playing the piano, apparently indifferent to the crowd of homely lunatics by which she was surrounded. She said it was no place for her; and on that point she was quite correct. She had been found by the police a couple of days before, wandering about in Sheffield, penniless, and declining to say where her friends were, but with some obvious delusions referring to property. She formed a very marked contrast to the rest of the patients. The whole of the management of the South Yorkshire Asylum is such as to reflect credit alike on the committee and the medical officers.

A final word may be said about the annual museum. A large number of instruments of various kinds, requiring too lengthy a description to be admitted into this already too long letter, were exhibited. A new material for making ointments, called baniline, was shown. It is prepared from paraffine, will keep unchanged for years, and looks exceedingly like soft butter. Fatty vehicles are objectionable and dirty, while lotions are but transient in their effect, so this new material is likely to be very useful for local applications.

On the whole, the Sheffield meeting was a decided success.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM AUGUST 27, 1876, TO SEPTEMBER 9, 1876, INCLUSIVE.

SMITH, J. R., SURGEON, and WOODWARD, J. J., SURGEON.—Designated to represent the Medical Corps of the Army at the International Medical Congress at Philadelphia, on September 4, 1876. S. O. 176, A. G. O., August 25, 1876.

ALDEN, C. H., SURGEON.—Assigned to duty as Post-Surgeon at Fort Townsend, W. T. S. O. 112, Department of the Columbia, August 25, 1876.

BYRNE, C. C., SURGEON.—Assigned to temporary duty with troops encamped on site of new post on Yellowstone River, M. T. S. O. 106, Department of Dakota, August 30, 1876.

STERNBERG, G. M., SURGEON.—Assigned to duty as Post-Surgeon at Fort Walla-Walla, W. T. S. O. 112, c. s., Department of the Columbia.

WOLVERTON, W. D., SURGEON.—Assigned to duty as Post-Surgeon at Standing Rock Agency, D. T. S. O. 106, Department of Dakota, August 31, 1876.

BILLINGS, J. S., ASSISTANT-SURGEON.—Granted leave of absence for three months, with permission to go beyond sea. S. O. 182, A. G. O., September 2, 1876.

BUCHANAN, W. F., ASSISTANT-SURGEON.—Assigned to temporary duty at these Headquarters, pending his summons as witness before a General Court Martial. S. O. 161, Department of Texas, August 29, 1876.

CARVALLO, C., ASSISTANT-SURGEON.—Assigned to duty at Fort Union, New Mexico. S. O. 184, Department of the Missouri, September 4, 1876.

GIRARD, J. B., ASSISTANT-SURGEON.—Assigned to duty as Post-Surgeon at Fort Wayne, Michigan. S. O. 171, Division of the Atlantic, August 31, 1876.

MAUS, L. M., ASSISTANT-SURGEON.—Granted leave of absence for one month, with permission to apply for an extension of one month. S. O. 132, Department of the South, September 2, 1876.

CORBUSIER, WM. H., ASSISTANT-SURGEON.—Assigned to duty at Fort Macon, N. C. S. O. 133, Department of the South, September 5, 1876.

AINSWORTH, F. C, ASSISTANT-SURGEON.—His resignation accepted by the President, to take effect November 10, 1876. S. O. 182, A. G. O., September 2, 1876.

By S. O. 178, A. G. O., August 28, 1876, the following changes and assignments are made:

RANDOLPH, J. F., SURGEON.—Relieved from duty in Department of the Platte, ordered to Philadelphia, Pa., and, on arrival, report by letter to the Surgeon-General.

The following officers are relieved from duty in the Departments they are now serving in, ordered to New York City for examination for promotion by the Army Medical Board, and, on its completion, report by letter to the Surgeon-General:

DE GRAW, C. S., ASSISTANT-SURGEON, Department of Texas.

GARDNER, W. H., ASSISTANT-SURGEON, Department of the Missouri.

JESSOP, S. S., ASSISTANT-SURGEON, Department of the Missouri.

(To be continued.)

UNIVERSITY OF PENNSYLVANIA,

MEDICAL DEPARTMENT,

Thirty-Sixth and Locust Streets, Philadelphia.

ONE HUNDRED AND ELEVENTH ANNUAL SESSION, 1876-77.

PROFESSORS.

GEORGE B. WOOD, M.D., LL.D., Emeritus Professor of Theory and Practice of Medicine.
HENRY H. SMITH, M.D., Emeritus Professor of Medicine.
JOSEPH CARSON, M.D., Emeritus Professor of Materia Medica and Pharmacy.
ROBERT E. ROGERS, M.D., Professor of Chemistry.
JOSEPH LEIDY, M.D., LL.D., Professor of Anatomy.
FRANCIS G. SMITH, M.D., Professor of the Institutes of Medicine.
RICHARD A F. PENROSE, M.D., LL.D., Professor of Obstetrics and Diseases of Women and Children.
ALFRED STILLÉ, M.D., Professor of Theory and Practice of Medicine.
D. HAYES AGNEW, M.D., LL.D., Professor of Surgery and Clinical Surgery.
HORATIO C. WOOD, M.D., Professor of Materia Medica and Pharmacy.
WILLIAM PEPPER, M.D., Professor of Clinical Medicine.
JOHN NEILL, M.D., Professor of Clinical Surgery.
WILLIAM GOODELL, M.D., Clinical Professor of Diseases of Women and Children.
JAMES TYSON, M.D., Professor of General Pathology and Morbid Anatomy.
WILLIAM F. NORRIS, M.D., Clinical Professor of Diseases of the Eye.
GEORGE STRAWBRIDGE, M.D., Clinical Professor of Diseases of the Ear.
HORATIO C. WOOD, M D., Clinical Professor of Nervous Diseases.
LOUIS A. DUHRING, M.D., Clinical Professor of Diseases of the Skin.

H. LENOX HODGE, M.D., Demonstrator of Anatomy.
CHARLES T. HUNTER, M.D., Demonstrator of Surgery.
GEORGE M. WARD, M.D., Demonstrator of Practical Chemistry.
ISAAC OTT, M.D., Demonstrator of Experimental Physiology.

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The Lectures of the Session of 1876-77 will commence on the first Monday (2d) of October, and terminate on the last day of February.

FEES.—For one full course of lectures, $140. For each professor's ticket for one course, $20. Matriculation fee (paid once only), $5. These fees are payable in advance. Graduation fee, $30.

Letters of inquiry should be addressed to

ROBERT E. ROGERS, M.D., Dean,
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SESSIONS OF 1876–77.

THE COLLEGIATE YEAR in this institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1876–1877 will open on Wednesday, September 13, 1876, and continue until the opening of the regular session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the entire faculty. Students expecting to attend the regular session are strongly recommended to attend the preliminary term; but attendance during the latter is not required. During the preliminary term clinical and didactic lectures will be given in precisely the same number and order as in the regular session.

THE REGULAR SESSION will commence on Wednesday, September 27, 1876, and end about the 1st of March, 1877.

FACULTY.

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JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.

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A distinctive feature of the method of instruction in this college is the union of clinical and didactic teaching. All the lectures are given within the hospital grounds. During the regular winter session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of recitations from text-books. This term continues from the first of March to the first of June. During this session daily recitations in all the departments are held by a corps of examiners appointed by the regular faculty. Regular clinics are also given in the hospital and college building.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the lectures during the preliminary and regular term, including clinical lectures,	$140.00
Matriculation fee	5.00
Demonstrator's ticket (including material for dissection)	10.00
Graduation fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (ticket good for the following winter)	$5.00
Recitations, clinics, and lectures	35.00
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Students who have attended two full winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry; and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College. 227t4

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NINETY-THIRD ANNUAL ANNOUNCEMENT. (1876—77.)

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J. COLLINS WARREN, M.D., Instructor in Surgery.
REGINALD H. FITZ, M.D., Assistant Prof. of Pathological Anatomy.
WILLIAM L. RICHARDSON, M.D., Instructor in Clinical Obstetrics.
THOMAS DWIGHT, JR., M.D., Instructor in Histology.
EDWARD S. WOOD, M.D., Ass't Prof. of Chemistry.
HENRY H. A. BEACH, M.D., Assistant Demonstrator of Anatomy.
WILLIAM B. HILLS, M.D., Instructor in Chemistry.

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GEORGE H. F. MARKOE, Instructor in Materia Medica. | FRANK W. DRAPER, M.D., Lecturer on Hygiene.

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JOHN O. GREEN, M.D., and CLARENCE J. BLAKE, M.D., in Otology.
JAMES R. CHADWICK, M.D., and WILLIAM H. BAKER, M.D., in Diseases of Women.
CHARLES P. PUTNAM, M.D., and JOSEPH P. OLIVER, M.D., in Diseases of Children.
SAMUEL G. WEBBER, M.D., and JAMES J. PUTNAM, M.D., in Diseases of the Nervous System.

The plan of study was radically changed in 1871.* Instruction is given by lectures, recitations, clinical teaching, and practical exercises, distributed throughout the academic year. This year begins Sept. 28, 1876, and ends on the last Wednesday in June, 1877. It is divided into two equal terms, either of which is more than equivalent to the former "Winter Session," as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction.

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For the Third Year.—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery, and Clinical Surgery.

Students are divided into three classes, according to their time of study and proficiency. Students who began their professional studies elsewhere may be admitted to advanced standing; but all persons who apply for admission to the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Examinations are held in the following order:—

At the end of the first year—Anatomy, Physiology, and General Chemistry.

End of second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

End of third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery, and Clinical Surgery.

Examinations are also held before the opening of the School, beginning September 25.

Students who do not intend to offer themselves for a degree will also be received at any part of the course for one term or more. Any student may obtain, without an examination, a certificate of his period of connection with the School.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

COURSE FOR GRADUATES.—For the purpose of affording to those already graduates of medicine additional facilities for pursuing clinical, laboratory, and other studies in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches: Histology; Physiology; Medical Chemistry; Pathological Anatomy; Surgery; Auscultation, Percussion, and Laryngoscopy; Ophthalmology; Dermatology; Syphilis; Psychological Medicine; Otology; Electro-Therapeutics; Gynæcology, and Obstetrics. Single branches may be pursued, and on payment of the full fee also the privilege of attending any of the other exercises of the Medical School, the use of the laboratories and library, and all other rights accorded by the University will be granted. Graduates of other medical schools, who may desire to obtain the degree of M.D. at this University, will be admitted to examination for this degree after a year's study in the Graduates' Course.

FEES.—For matriculation, $5; for the year, $200; for one term alone, $120; for graduation, $30. For graduates' course the fee for one year is $200; for one term, $120; and for single courses such fees as are specified in the Catalogue. Payment in advance. Members of any one department of Harvard University have a right to attend lectures and recitations in any other department without paying additional fees.

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